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The Journal of Cutaneous Diseases

Including Syphilis

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THE JOURNAL OF
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VOL. XXXIV DECEMBER, 1916 NO. 12

ORIGINAL COMMUNICATIONS.

KERATOSIS BLENNORRHAGICA: WITH REPORT OF A CASE.*

BY MARCUS HAASE, M.D., MEMPHIS.

THIS very interesting dermatosis associated with gonorrhœal arthritis was first described by Vidal[1] in 1893, and since that time about thirty cases have been reported; two in America, three from England and one from Australasia, and the others from the Continent.

To Simpson[2] is due the credit of reporting the first American case (1912) at which time he called attention to the fact that no mention of the disease was made in any American text book on dermatology.

The excuse offered for reporting this case is the opportunity afforded for observation of an acute exacerbation of the eruption.

CASE REPORT.

HISTORY. F. R., age 28, has had four attacks of gonorrhœa: the first attack at the age of 16, second at 18, third, and most severe, at 22, which lasted eighteen months. During this attack he had epididymitis, which confined him to bed for three weeks. The last attack began on September 22d, 1914; one week later the left knee became enlarged and painful. Two weeks after the beginning of the arthritis he entered Bellevue Hospital, New York, and was transferred from there to the City Hospital on Blackwell's Island, where he remained one week; he left there and went to Camden, N. J., where he entered Cooper Hospital. While in the hospital on Blackwell's Island, an eruption appeared, described as "small blood spots, the size of a pinhead, situated about the navel." At the time he entered Cooper Hospital he had active gonorrhœa and arthritis in the left knee. While in the hospital the right knee and both ankles became swollen and painful; an eruption appeared on the left knee after

* Read before the 40th annual meeting of the American Dermatological Association, Washington, D. C., May 13 to 15, 1916.

Fig. 1.

Fig. 2.

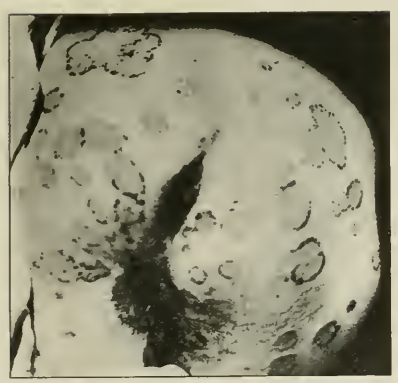

Fig. 3.

it had been "baked" which looked like "water blisters" and was thought to be due to the baking. In a few days this eruption was covered with crusts; it later spread over the body, except the face. At this time the eruption covered the soles of the feet and all the lesions were capped with yellowish crusts. The discharge from the urethra ceased about one month after entering the hospital. While in the hospital, five or six of the toe-nails and three of the finger-nails were exfoliated; the joint pains gradually improved and the eruption disappeared, except from the soles. He left the hospital on January 11th, able to walk with the aid of crutches, which he continued to use until April 1st, at which time the crusts from the feet had exfoliated, and the joints, except the left knee, which was still stiff, were freely movable and painless.

He was comfortable and able to work from April, 1915, to the last week in August, when both knees became swollen and painful, and a few days later an eruption appeared about the genitals, which were red and scaly. He was at this time working in Pittsburgh, and left there and went to Hot Springs, Arkansas, where he remained about six weeks. While in Hot Springs the eruption became general. There the prostate gland was massaged and the discharge from the urethra reappeared. He denies any active gonorrhœa or any sexual intercourse since September, 1914. The condition grew worse while in Hot Springs; he came to Memphis and entered the City Hospital, under my care, on October 29th, with the following condition:

The patient is not markedly anæmic, although he says he has lost considerable weight since July. The right knee and both ankles are swollen and painful, and there is a generalized eruption over the body. The entire scalp is covered with a thick yellowish crust, matted in the hair, in places three-eighths of an inch thick. On the face, in the axillae and about the genitals and anus, there is an erythemato-squamous condition, deep red in color and covered with thick, greasy scales; not unlike an exaggerated seborrhœic dermatitis. Over the chest (Figs. 1 and 2) and buttock (Fig. 3) are circinate lesions, pink in the centre, and the border composed of closely aggregated small red papules, covered with soft yellow crusts. Over the abdomen there are large flat lesions, many of which have coalesced about the umbilicus. The individual lesions vary in size, and all have a thick crust, surmounting a deep red base. On the legs (Fig. 4) and forearms are round, yellow, translucent, horny lesions, with little or no inflammatory border, varying in size from a small pea to one and one-half inches in diameter. The smaller ones are conical in shape; the others, which

Fig. 4.

are more numerous, have a depression in the centre, while a few have a flat raised ring at the outer border within which is a depressed ring, and finally a sharply defined central elevation.

The forcible removal of these cup-shaped crusts reveal soft, succulent, velvety protuberances, some of which are pointed, while the larger ones have a depression in the centre, and in this depression is a foul smelling, putty-like substance. The soles of the feet (Fig. 5) have lesions of various size, the smallest is about the size of a pea, the largest a slightly elevated, plate-like thickening of the epidermis of brownish-yellow color. If the crust from any lesions was removed it would form again in a few days, but if allowed to remain, would fall off, leaving a smooth pink surface. While unable to walk or even stand because of the joint pains and lesions on the feet, he was fairly comfortable when at rest.

An examination of his blood, at this time, showed little or no abnormality; the urine was negative, except for the presence of a small quantity of pus. The discharge from the urethra had ceased before he entered the hospital, but the massaged prostate revealed a number of intra- and extracellular, gram-negative diplococci.

For a period of over two months after entering the hospital, except for an extension of the lesions on the abdomen and chest, uo new lesions appeared.

FIG. 5.

FIG. 6.

FIG. 7.

Fig. 8.

Those on the abdomen (Fig. 2) extended at the periphery and assumed the circinate character of those on the buttock and chest. All other lesions, except those on the feet, very slowly cleared up; the crusts exfoliated, leaving a smooth pigmented surface; the pigmentation being most marked on the legs.

On January 5th, he complained of increased pain in the affected joints, and in his left elbow, which had heretofore been free from pain. A slight rise in temperature was noted on the evening of this day; it had been slightly subnormal previous to this time. Gradually, other joints became involved and by February 1st, he was absolutely helpless; unable to move any of the extremities or raise his head from the pillow. The pain became so severe that it was necessary to keep him constantly under an opiate.

On January 11th, a small, soft papule was noted on the forearm; five days later other lesions appeared, most marked on the forearm and chest; they began as very small, pinhead size, bright red, soft papules, with no inflammatory areola. They gradually increased in size and were covered with a thick, waxy-yellow, adherent crust, resembling at this time little drops of beeswax: vesicles appeared on the apex of a few of these lesions before the crusts formed.

On January 15th, a flat, flaccid bulla, about the size of a finger-nail, appeared on the left knee, and a few days later, similar lesions appeared on both knees and elbows. These lesions increased rapidly in size and in crust formation, the crusts being dirty grayish in color and not unlike oyster shells (Fig. 6). The scalp and face became involved; on the latter an erythemato-squamous condition appeared, the scales being soft and greasy, except on the forehead, where small, horny protuberances formed (Fig. 7). Those on the former began as scaly papules, which enlarged to the size of a chestnut. The nails, both on fingers and toes, were raised from their bed by thick, waxy-yellowish masses, and flat superficial pustules formed at the base of some: the nails subsequently exfoliating. The shape and contour of the toes became entirely obliterated and they looked like masses of dirty yellow crusts. On the outer border of the feet various sized horns formed. On the soles there was an extension of the condition, remaining from the former exacerbation (Fig. 8), and on the right heel numerous new lesions appeared, which coalesced to form a large, thick, yellow crust, covering the entire heel. The entire palmar surface of the right

hand was covered with a thick horny plate, and in the left palm a conical lesion formed, an inch in height and a similar smaller one, grew on the outer border of the little finger.

At this time his condition was most lamentable. The temperature ran a course of low grade sepsis, the pain was intense, his mental condition exceedingly poor, and during the week of March 5th, he was frequently disorientated.

While at the present time he is still confined to bed and unable to feed or care for himself, and requiring opiates to relieve pain, he is slowly improving and the lesions are gradually disappearing.

Pathology. Three biopsies were made for histological examination. One, a quite new lesion, showed a thick, friable, horny, layer, the cells of which still retain flattened nuclei; between the cells numerous leucocytes are seen; the epithelial plugs are very much elongated; there is an absence of keratohyaline granules and no eleidin globules can be demonstrated except about the hair follicles and mouth of the sweat ducts. The prickles are still intact, although there is a marked inter- and intracellular œdema with leucocytic infiltration (Figs. 9 and 10).

The epidermis above the papillæ is thinned to two or three rows of cells and in some instances is entirely absent. The papillæ are decidedly œdematous, the capillaries are distended and there is a slight infiltration of leucocytes. In the subpapillary layer there is a localized infiltration, composed of leucocytes and lymphoid cells with few plasma cells. This infiltration is also marked about the blood vessels, which are distended.

The pathology of the second and older lesion differed from that of the first in that it contained many variously sized microscopical vesicles, within the prickle cell layer. A large vesicle (Fig. 11) was covered by two or three rows of œdematous cells; the cellular content being made up of a number of leucocytes, some epithelial nuclei and few cells which had lost their prickles.

The section from the third biopsy, which was taken from an old lesion, the horny cap previously having been forcibly removed, showed a dense hypertrophy of the epidermis with œdema and an infiltration of leucocytes. The papillary layer of the corium was almost entirely obliterated, and there was a diffuse infiltration in the subpapillary layer, composed of cells similar to those found in other sections, except for a relative increase in the number of plasma cells (Fig. 12).

Small pieces of tissue from skin lesions and epitrochlear glands, which were enlarged, were inoculated into various media; some of the same material was used to inoculate rabbits' testicles, skin and peritoneum; defibrinated blood was injected intravenously into rabbits. Blood cultures were made on various media. Smears and cultures were made from pustules and serum by cupping succulent lesions, all of which were negative.

Repeated examinations of sections from the skin and epitrochlear glands failed to reveal any organisms resembling gonococci. The or-

ganism was not demonstrated anywhere except in material expressed from the prostate gland. The complement fixation test for gonorrhœa was positive; the Wassermann test to exclude syphilis was made in three different laboratories and all of them were negative.

Arning and Meyer[3] and especially Sabotka[4] are of the opinion that a vesicle is the initial stage of all lesions; this cannot be confirmed after a careful observation of this case, during an acute exacerbation.

Chauffard and Feissinger[5] made experiments in an endeavor to produce cutaneous lesions; they claim to have succeeded by abrading the skin and inoculating on this prepared surface, serum obtained from beneath the crust of an old lesion. In the case here reported, any abrasion of the skin would determine the location of a new lesion; this was especially true during the height of the eruption; instances of which were demonstrated by the appearance of small, yellow, waxy-capped lesions appearing on the chest, following minute burns from cigarette sparks, and along the upper arm, after hypodermic injections.

The pathological findings in this case and a careful analysis of those of Chauffard,[5] Bearman,[6] Sequeira,[7] Simpson,[2] Arning and Meyer,[3] and Sabotka,[4] who have studied the condition histologically, show no very marked differences, but all apparently agree that the condition is not a true keratosis, but a parakeratosis.

References.

[1] Vidal. *Ann. d. dermat. et d. syph.* 1893, p. 3.
[2] Simpson. *Jour. Amer. Med. Assn.*, Aug. 24, 1912, p. 607.
[3] Arning and Meyer. *Arch. f. Dermat. u. Syph.*, cviii, 1911, p. 3.
[4] Sabotka. *Dermat. Wchnschr.*, Feb. 15, 1913, p. 181; and Feb. 22, 1913, p. 218.
[5] Chauffard and Feissinger. *Bull d. l. soc. fr. d. dermat. et d. syph.*, May, 1909, p. 162.
[6] Bearman. *Arch. f. Dermat. u. Syph.*, 1904, lxix, p. 363.
[7] Sequeira. Proc. Royal Soc. Med., London, iii, Part 1, p. 77.

Discussion.

Dr. Corlett said he would like to know if the centre of the lesions in this case had been denuded. The speaker said the reason he asked this was because this interesting case suggested to him some sixteen cases of a moist, pie-crust eruption, which he had seen, of pemphigus foliaceus. The photographs bore a slight resemblance to these cases. The speaker stated he had seen the sixteen cases mentioned, in Cleveland. The cases he spoke of, with the exception of two, had been fatal, and he wondered if the disease in Dr. Haase's case might not be of the same nature.

Dr. Zeisler said that the case presented by Dr. Haase was certainly extraordinary on account of the extensive area involved. Keratodermia blennorrhagica was by no means common, and in the speaker's fairly long experience,

in seeing and handling skin diseases, he had seen only one single unmistakable case of keratodermia blennorrhagica, in which, however, only the palms and soles were affected. The chief interest in these cases was the pathogenesis, the modus operandi. We knew that gonorrhœal discharge was capable of producing proliferating conditions like condylomata accuminata, which were the direct result of the irritating action of the secretion. But the production of horny lesions, far away from the source of the discharge, was difficult to explain. It suggested the similarity to arsenical keratosis and the thought was but natural that some remedy used in the treatment of gonorrhœa might be responsible for it.

Dr. Wise asked that he might be permitted to call the attention of the last speaker to the fact that Hodara, of Constantinople, found the gonococci in the vesicles themselves, in a case which he reported several years ago, in the *Dermatologische Wochenschrift*.

Dr. Pollitzer said these cases were rarely seen, but they were probably more common than the reports would indicate. At the St. Georgi Hospital in Hamburg, where there was a large service for gonorrhœics, Dr. Arning could almost at any time demonstrate gonorrhœal dermatoses in his wards. The speaker was strongly inclined to agree with the pathogenesis as presented by Dr. Haase and thought that the dermatosis was toxic, notwithstanding the occasional presence of a gonococcus in some of the lesions. Dr. Haase had examined a large number of lesions and had failed to demonstrate the gonococcus. The speaker said that the evidence against direct gonococcal infection of the skin was pretty strong, and that these lesions were due to gonorrhœal infection elsewhere in the system, and it was extremely likely, he fancied, that the eruption was due to the absorption of some chemical products produced by the gonococcus. In other words, the speaker said, he thought the eruption a toxic dermatosis of gonorrhœal origin.

Dr. Haase said he had very little to add. In answer to Dr. Corlett's question he would say that in this case the lesions had never been denuded, but were scaly or covered with a thick crust. Only when the crusts were forcibly removed, would there be any bleeding whatever. He had watched the lesions very closely during the acute exacerbation, and most careful observation had shown no vesicles at the beginning. Some lesions were capped with small vesicles after the eruption had existed for a short while.

The speaker said he did not think that keratosis was a good name, because this disease was not a true keratosis. If there could possibly be a typical histological manifestation of parakeratosis, aside from psoriasis, the speaker thought this disease would unquestionably go under that head. If he might be allowed the privilege he would suggest that parakeratosis, instead of keratosis blennorrhagica, be hereafter the title of this condition.

CALAMINE LINIMENT.

By William Allen Pusey, M.D., Chicago.

The usefulness of lotions containing inert powders in suspension, such as calamine lotion, is familiar to all dermatologists. These lotions when dabbed on the skin have a temporary cooling effect, partly due to the powders and partly to the abstraction of heat by the water in them. When applied in the form of wet dressings these same effects are increased. The objection to such lotions, and to most wet dressings in irritable dermatoses, is the drying effect which they produce. Largely for the purpose of overcoming this effect, liniments of similar composition have a limited use among dermatologists. The employment of liniments, however, in dermatology is not very extensive, chiefly for the reason that those which we use are rather inelegant and inefficient preparations. As a rule, water is added to them for its cooling effect, and when this is done, lime water is ordinarily used in order to get the benefit of the emulsifying action, which comes from the formation of calcium soap in such mixtures. The commonest liniment of this sort is a liniment made with calamine and oxide of zinc, each about 1 ounce, olive oil 4 ounces, and lime water to make a pint. This is a useful mixture, but it is a crude preparation and it has the disadvantage that the powder in it will not stay in suspension, but must be vigorously shaken up before application. Sometimes a dram or one-half a dram, of lanoline is added to this mixture to make it more creamy, but it still remains a poor mixture of water and fats.

In order to overcome the drying effect of a simple calamine lotion, several years ago I devised a liniment whose formula is practically that of the common calamine lotion with the addition of olive oil and enough tragacanth to make a permanent emulsion. The essential feature of this liniment is that by utilizing the emulsifying action of tragacanth a permanent emulsion is produced which maintains an even mixture of all the ingredients. The formula for this liniment is as follows:

Powdered tragacanth		ʒ 1
Phenol and glycerine, mixed,	aa.	m. 10
Zinc oxide and calamine,	aa.	ʒ 1
Olive oil		ʒ 4
Water, q. s.		O. 1
Oil of bergamot		gtt. 20-50

The few drops of phenol keep the liniment sweet indefinitely. The formula above gives a thick emulsion, about like very thick cream or a cod liver oil emulsion. If a thinner emulsion is desired an equally permanent one about the consistence of ordinary cream can be made by using ½ dram of tragacanth, instead of a dram, to the pint.

In order to get a satisfactory emulsion, a definite technique should be followed in its preparation. A wide mouth bottle should be used; one large enough to allow a free shaking of the quantity of emulsion to be made—for example: a quart bottle in making a pint of emulsion. The bottle should be clean and dry. The phenol and glycerine and oil of bergamot are first added to the olive oil. The entire quantity of oil is then put in the bottle, the bottle corked, and the oil shaken up in the bottle in order to be sure that the entire inner surface of the bottle and cork becomes covered with a film of oil. The tragacanth, which should be in a fine powder (I use Merck's powdered tragacanth) is then added little by little to the oil, and the mixture is thoroughly shaken until a yellowish opaque mixture is formed. If this is properly done, the tragacanth becomes evenly mixed through the oil. This is essential in order to get a good emulsion. Then about 4 ounces of water are added and the mixture vigorously shaken. This will produce a yellowish creamy emulsion. The calamine and zinc oxide are mixed dry, and then stirred up with the remaining 8 ounces of water in a separate container. The easiest way to do this is to take a wide mouth bottle, put in the zinc oxide, calamine and water, and shake it. This mixture of the powders and water is then added, an ounce or two at a time, until the quantity is brought up to a pint. After each addition of the suspension the emulsion is vigorously shaken.

Like all verbal descriptions of manipulations requiring several steps, the explanation of this technique makes it seem complicated. As a matter of fact, it is very simple; a pint of the mixture can readily be made in five minutes by one who is used to doing it. This technique is a common one used by pharmacists for making emulsions.

The product is a smooth, pink emulsion, which, if well made, remains permanent indefinitely, with practically no separation of the oil or powders. It makes an exceedingly presentable pinkish creamy preparation, and it is a very agreeable soothing oily application. An extensive use of this liniment for several years by me and a few of my colleagues has made us regard it highly. Indeed, it is on the insistence of some of my friends that I publish it. I have found it not only a good substitute for the old calamine lotion, but a liniment that may be substituted for ointments with convenience and good effect. It can be well used

in the form of wet dressings. When smeared on the surface it leaves a coat of powder like that from a calamine lotion, but one which is slightly oily. Like other liniments, it is more easily applied over a large surface than an ointment. On the other hand, it does not furnish as much protection as an ointment.

Most of the common dermatological remedies can be incorporated in it: resorcin, salicylic acid, sulphur, ichthyol, corrosive sublimate, etc. Alcohol, of course, cannot be added to any tragacanth mixture. Ichthyol may be added to it in any proportion. By the addition of a few drops of ichthyol, 10 to 30 or 40 to the pint, the mixture can be made the color of almost any skin. Precipitated sulphur mixes easily in the emulsion, and I have found this mixture an exceedingly agreeable one in dermatitis herpetiformis. A mixture which patients find very grateful for extensive itching dermatoses, such as generalized eczema, lichen simplex chronicus, and dermatitis herpetiformis, is:

Camphor-phenol	M. xx to xxx
Camphor-chloral	3 ss to 3 1
Calamine liniment	O.i

THE RELATIONS OF DIETS TO SEBORRHŒA.

By Douglass W. Montgomery, M.D., San Francisco.

This article is intended to show how a class of foods may effect a very prevalent condition of the skin called seborrhœa.

Definition of Seborrhœa. Seborrhœa is a chronic morbid condition of the skin characterized by:

(1) An accentuation of the openings of the pilosebaceous follicles;

(2) A dirty grayish or tawny yellow discoloration, and often greasiness of the skin;

(3) A slight thickening of the integument.

The anatomical lesions of the status seborrhœicus are:

(1) A slight diffuse hypertrophy of the corneous layer;

(2) An alteration of an unknown nature in the amount of fat in the epithelium; and

(3) A hyperkeratosis of the pilosebaceous follicles.[1]

The skin is an enormous fat organ. It rests upon a thick fatty cushion; there are extensive fat deposits intermingled with the fibres of the true skin; there are innumerable fat or sebaceous glands and sweat glands that also secrete fat, imbedded in the skin, and pouring out their secretions on its surface, and the epidermal horny covering is itself quite fatty. Clinically, in seborrhœa, it looks as if the entire fat of this large organ undergoes a change.

Normally the skin is covered with a smooth, beautifully translucent, yellow, horny layer, through which the subjacent red blood of the papillary layer shines, giving a soft pink color that we designate complexion. The cells composing this layer are renewed from below upwards. These cells are at first succulent and juicy, composing the quick. They later become condensed and horny, and finally, as they ascend, they loosen from one another until on the surface they are cast off as an imperceptible dandruff. A proper cornification of the epithelial cells, a function intimately associated with fat metabolism, is essential if these cell changes are to be carried out properly. In seborrhœa the skin is thick and heavy looking. The cornification processes are interfered with, so that the skin becomes dull in tint instead of rosy, and because the upper layers do not fluff off normally, the cutaneous surface becomes rough and fatty. The functions of the fat glands are also interfered with. Their orifices become enlarged, and the glands either pour out an abundant liquid fat that makes the surface of the skin oily, or they secrete an abnormally solid fat that rests in the gland orifices as

comedones. The function of the sweat glands is also altered. They either do not secrete enough sweat, rendering the skin dry, or they pour out, either locally or generally, too much sweat, causing local or general hyperidrosis. The hair, and frequently the nails, suffer with the other structures of the horny envelope of the skin, of which they are modifications. The lighter grades of these changes in the skin are so frequently met with in the white races, and in civilized life, that by some they are looked upon as being normal. Instead of designating the condition seborrhœa, which in its literal sense means an unusual flow of glandular fat, Darier proposes to call it kerosis, which would be the better term, as the changes in the horny layer of the skin are always existent, while, as has been before mentioned, an excess of fluid fat, secreted by the fat and sweat glands, is not by any means always present. On the contrary, the skin may be abnormally dry and harsh, and the fat of the sebaceous glands may be abnormally hard and dry. However that may be, the name kerosis has not yet made a way for itself, and the name seborrhœa is generally accepted.

Relationship Between Food and the Skin. Where any organ is preponderatingly engaged in the storage or secretion of any class of foods, it is natural to suspect that abuses in the intake of those foods may account for some of the aberrations of that organ. As we have seen, the skin is eminently a fat organ, and therefore a consideration of the fat-producing foods might readily furnish an explanation of some of its diseased conditions, and particularly of seborrhœa, in which, as we have seen, the cutaneous fat is especially affected. The fat-producing foods are:

(1) Fats, of which there are a great number, and

(2) Starches, of which there are also a great number, and in which are also included the sugars, which are soluble starches.

These foods constitute the carbon, hydrogen, oxygen, the CHO foods, or the ternary or three-element foods, in contradistinction to the carbon, hydrogen, oxygen, nitrogen foods, or the quaternary or four-element, CHON, foods. They are, therefore:

The CHO starches;

The CHO sugars; and

The CHO fats.

Clinically, therefore, the sugars, the starches and the fats are closely connected, and their relative rate of diffusibility, their rate of absorption from the alimentary canal and also their relative susceptibility to fermentation, are all of great importance in the questions now under

consideration. These propositions will become clearer as the individual members of the groups are taken up.

Starches. The solid, insoluble carbohydrate, starch, forms our main article of diet, and the machinery and chemical arrangements for comminuting it, liquefying it, and finally turning it into sugar, are most elaborate and time-consuming, so that it takes five hours or longer for a starch meal to be fully turned into dextrose and absorbed.[2] The physiological importance of this slowness in the conversion of starch into dextrose rests partly on the fact that in a slow chemical reaction, such as the conversion of starch into sugar, the reaction takes place in some particles, that are particularly favorably situated, much more quickly than in other particles that are less favorably situated. It, therefore, transpires that in a well-proportioned meal, dextrose, derived partly from sugar and partly from starch, is absorbed from a large extent of bowel, and is delivered to the liver in small manageable quantities throughout a considerable length of time.

All the starches are by no means alike, but we lack any chemical segregation of them. Even the molecular weight of the starch molecule is not known. It is, however, known, that it is some polymerization of the sugar molecule. It is also known from gross physical properties that the starch, for instance, of potato differs greatly from the starch of the cereals, and greatly to the advantage of the latter. I personally think that potato should be as carefully restricted as sugar in any case in which the patient seems to be suffering from an overabundance of easily convertible carbohydrate.

Sugars. There are many sugars, each with its own rate of diffusibility. Of especial interest in this regard is lactose, as it is the sole sugar furnished the infant mammal. It is very slowly diffusible, and in the process of digestion is split into two sugars, glucose and galactose, each with a different rate of absorption. These properties secure a slow, enduring delivery of sugar to the liver during a reasonable time between feedings, and prevent an overcrowding immediately after a meal, which would be followed by an equally sudden penury.

Lactose has yet another property, which is likely of importance here. Sugars are antiputrefactive, and the best of them in this respect is lactose, then follow glycose, mannit, and finally galactose.[3]

Therefore Nature, confronted with the necessity of furnishing the infant a sugar instead of a starch, because a starch cannot be delivered from the mammary gland, gives one as slowly diffusible and as antiputrefactive as possible, showing how much weight, in this particular instance, she lays both on slowness of absorption and on antisepsis.

The fruit sugars constitute another group of carbohydrates, partaken of in the natural state, together with the cellulose, the fruit acids and the mucus of the fruit. These are usually well borne, especially when eaten with starch, to which they lend a most attractive flavor. Individuals are variously sensitive to them, however, and they are the occasion of many an interesting idiosyncrasy, frequently accompanied by a cutaneous manifestation, some of which may be ascribed to the products of fermentation of the fruit in the alimentary canal and others to the direct effects of the fructoses and the fruit acids. Some of the disagreeable phenomena observed following fruit may be anaphylactic, but from my experience they must be very rare. The fruit sugars are frequently powerfully sebeogogic.

Saccharose. The principal members of this group are beet sugar and cane sugar. They are both highly artificial products, as in the effort to get a marketable article of beautiful appearance all the mucus, cellulose, non-crystallizable sugars and pigments are carefully separated from the one crystallizable white sugar. They are disaccharids, very soluble, and are quickly absorbed after hydrolytic change in the gut, and being so nearly homogeneous, they tend to be absorbed in a limited time, in a limited section of the intestinal tube.

As having a direct bearing on this question, London and Polowzowa have carried out some interesting experiments on the relative absorbability of saccharose and glucose. According to these observers, saccharose was entirely resorbed before the contents of the bowel reached the cæcum, whereas under the same circumstances, more than 21% of glucose reached the cæcum before being resorbed.[4] This result is quite contrary to what I would have expected. All the starches and all the sugars have, in the process of digestion, to be turned into glucose, and one, therefore, would naturally suppose that glucose would be more easily transferred from the alimentary tract to the blood than any other sugar. That saccharose is more easily transferred quite accords, however, with its highly sebeogogic character.

There is yet another important circumstance in the absorption of sugar. Sugar, like water, when prevented from entering the circulation by way of the portal vein and the liver, goes by way of the lymphatic and the thoracic duct.[5] This short-circuited sugar is probably not so elaborately digested as that that goes through the liver, and might readily be much more irritating and sebeogogic. In this respect it is interesting that many patients having seborrhœic eczema have a more or less demonstrable enlargement of the liver, possibly due to fatty in-

filtration or to an excess of stored glycogen, that might form an obstruction to the passage of glucose through the liver and so force the above-mentioned short circuiting.

Saccharose is also sebeogogic because of inducing sluggishness of the alimentary tract. Cane sugar, for instance, when present in large quantities in the intestinal canal, may delay the discharge of the stomach contents. This is due to the fact that sugar, with its tendency to retain water for its own solution, delays or prolongs the absorption of other substances from the bowels.[6] The strongly sebeogogic action of sugar is, therefore, to be accounted for by its rapid rate of absorption, its constipating effect, favoring intestinal fermentation, and its tendency, shared with the other sugars, to enter the circulation by way of the thoracic duct when the liver is blocked and so to miss the more perfect elaboration of hepatic digestion.

Fats. The fats of our food and of our body are chiefly triglycerides containing palmitic acid with sixteen carbon atoms, and stearic and oleic acid having each eighteen. In certain fats there are small quantities of other acids; for instance, butter, which possibly contains butyric acid, with only three carbon atoms, and capron, capril, and caprinic acid with five, seven and nine carbon atoms respectively. All these fats have different melting points and different rates of absorption.

When the fat of an animal is ingested in its natural combination with meat, it is enclosed in a membrane, which has first to be digested off in order to set the fat free. Fat is slow to leave the stomach and after entering the intestine has to be emulsified. All these processes take time, and this delay, as in the case of starches, tends to secure an even prolonged delivery of the fat to the chyle duct and thence to the blood.

Milk. Milk is practically a fat emulsion, and the richer it is in fat the more it is prized as an article of pleasure and luxury. As the fat globules have no surrounding membrane and as they exist in a state of very fine division, two important digestive processes are shortened and the fat is delivered very speedily to the blood. Cream, as being more concentratedly fatty, is worse than milk in this respect.

Butter is a peculiarly attractive fat. It is solid at ordinary temperatures; it is pleasant to the eye and delightful to the taste. In our households it occupies a position so apart that the laity do not regard it either as a fat or as a component of milk. A man will take coffee with abundant cream and sugar, a cereal breakfast food made into a rich pudding by the addition of sugar and cream, fruit swimming in cream, hot rolls spread thickly with butter, and beefsteak with potatoes, over

which he pours lovingly the melted butter of the gravy. After such a meal he naturally feels "logy" and disinclined to stir, and therefore takes in very little oxygen to burn this easily absorbable fat and carbohydrate. That the blood is overloaded with fat after such a fatty meal is capable of physical demonstration. Under such circumstances what little oxidation does take place is done at the expense of the carbohydrate, and the fat is either fermented in the alimentary canal, giving rise to highly irritating acids, or it is absorbed and shunted into the skin repositories, such as the panniculus adiposus, or excreted through the cutaneous fat glands where it often forms, in badly ventilated situations, as in the groins, a greasy coating. That these superfluous fats are laid down in the fat depositories and excreted by the fat glands as the very fats ingested, has been abundantly proven by experiment. It, therefore, transpires that in eating an excess of milk fat, the sebaceous glands secrete fats that are peculiarly liable and peculiarly exposed to bacterial attack, instead of secreting, as they normally should, a fatty substance largely composed of cholesterol esters, which are peculiarly resistant to bacterial attack.

Ernest H. Sterling has drawn attention to the fact that the fatty secretion of the sebaceous glands in man and in the higher animals, consists almost entirely of cholesterol esters. These are so little liable to fermentation that they can even pass through the alimentary canal without change.[7] When, therefore, the easily fermentable milk fats enter the sebaceous glands they naturally render these people susceptible to acne, furuncle and carbuncle.

It is also not unlikely that the milk fats are all the more easily secreted by the sebaceous glands, because they originate in a gland, the mammary gland, that is a modified sebaceous gland. Although milk fat is a decided sebeogogue, it is not so powerful in this respect as sugar, and not nearly so powerful as that modification of sugar that is called ethyl alcohol.

Alcohol and the Products of Bacterial Fermentation. Ethyl alcohol is a vasodilator poison and a powerful sebeogogue. It, therefore, flushes the skin and makes it greasy. Furthermore, almost all the products of bacterial fermentation are vasodilator poisons,[8] and therefore it comes about that intestinal intoxication and its principal favoring circumstance, constipation, is frequently accompanied by cutaneous flushings and erythema, that in their turn, by bringing an undue quantity of nourishment to the skin, give rise to the phenomena of seborrhœa. It, therefore, naturally follows that an overloading of the alimentary

canal with easily fermentable fats, such as milk fats, both by inducing, through sluggishness, constipation, and also by their essential ease of fermentation, give rise to products of fermentation, that, like alcohol, flush the skin, and particularly the face, and also act as powerful sebeogogues.

As being derived directly from starch and sugar, alcohol, in so far as it is a food, probably acts like sugar, and in so far as it is very rapidly absorbed, probably acts like a very rapidly absorbable, rapidly diffusible sugar, and everything said in regard to these two qualities, in considering the sugars, likely applies to alcohol. Alcohol is rapidly absorbed even from the stomach,[9] which is not a readily absorbing organ.

This rapid diffusion and rapid absorbability of alcohol may be due to the smallness of its molecule. The molecule of alcohol weighs $24+6+16=46$, whereas that of glucose weighs $72+10+80=162$. It is needless to mention the fats in this connection, they weigh so much more. On the other hand, it must be said that, as far as alcohols are concerned, and according to the present doctrine, the heavier their molecular weight the more poisonous they are.[10]

Alcohol, probably, in still another way causes seborrhœa. As it is more readily oxidized than either fat or starch or sugar, it saves these from oxidation.[11] It would appear that in alcohol two of the hydrogens are very loosely hitched to the molecule, and an oxygen atom from the air, if the temperature is slightly elevated and platinum is present as a catalyser, may march in and pick them out.[12] The fat ingested is, therefore, not burnt, but shunted into the fat repositories and the starch and sugar are also turned into fat and also shunted. This increase of fat would tend to increase seborrhœa.

Alcohol may also exert its poisonous influence and directly lower the oxidizing power of the tissues and therefore increase the fat deposits and seborrhœa.

Oxypenury. Oxygen is the most important of the chemical elements. It constitutes one-half the ponderable earth with its enveloping atmosphere and it is absolutely essential to the maintenance of life. It is by much the most important food we consume. We can go for days without ordinary food, we can go for a less time without water, but half a minute without air causes distress. In order to get an abundant vivifying amount of oxygen down into the tissues, exercise and blood of good oxygen carrying quality are necessary. Through insufficient exercise and a consequent insufficient supply of oxygen all the great oxidizing activities of the body are slowed down. The conversion of fats

and carbohydrates into CO_2 gas and water is, therefore, diminished, and the output of CO_2 gas is lowered. In this way the accumulation of waste products, CO_2 gas, and a watery, soggy condition of the tissues and of the skin, results. Therefore anæmia, a paucity of hæmoglobin, the oxygen-carrying material in the blood, is an important factor in causing seborrhœa. It is because of this that the treatment of anæmia is often so important in the amelioration of seborrhœa.

The Frequency of Seborrhœa. Mention has already been made of the frequency of seborrhœa. It so often happens that the abuse of the sebeogogic foods is very general. Milk fat, both as cream and as butter, is very attractive to a great number of people and the abuse of sugar and alcohol is very general. Besides this, there is the prevalence of intestinal intoxication and gastro-enteritis, and anæmia. It may be said that the modern civilized man always has a gastro-intestinal catarrh and from his sedentary habits and occupations he frequently suffers from a penury of oxygen. And because of his penury of oxygen he tends to select the easily split, easily fermentable carbohydrates and the easily absorbable fats, and these are the very foods that favor seborrhœa.

The phenomena of senility of the skin are also largely seborrhœic—the older the man grows, the greater the tendency to fatty change in all the tissues, the cutaneous structures included.

It is needless to insist on an appreciation of the importance of this fatty condition of the skin in the treatment of seborrhœa, the status seborrhœicus and the incident inflammatory conditions called seborrhœides, that constitute so many of the affections the skin specialist is called upon to manage.

References.

[1] Darier, J. Dermatologie, 1909, p. 182.
[2] Howell, Wm. H. Physiology, 1913, p. 788.
[3] Simnitake. *Zeitschr. f. phys. Chemie*, xxxix, s. iii. Quoted by Combe, A. L., L'Autointox. intestinale. Second Edition, p. 388.
[4] Thomsen, E. Ueber die Einwirkung des Zuckers auf die Verdauung. *Zeitschr. f. physiol. Chemie*, 1913, lxxxiv, p. 435. Editorial. *Jour. Amer. Med. Assn.*, Aug. 2, 1913, p. 351.
[5] Albertoni, Pietro. Ueber das Verhalten u. Wirkung des Zuckers im Organismus. *Ergebn. d. Physiol.*, 1914, p. 442.
[6] Albertoni, Pietro. *Loc. cit.*, p. 439.
[7] Sterling's Physiology, 1912, p. 62.
[8] Darier, J. All the bacterial toxines, with the exception of pyocyanin and mallein, act as vasodilators. Dermatologie, 1909, p. 9.
[9] Howell, W. H. Physiology, 1913, p. 771. Gottlieb and Meyer think alcohol goes through the cement substance between the stomach cells.
[10] von Bunge, G. Organische Chemie, 1913, p. 35.
[11] Howell, W. H. *Loc. cit.*, p. 900.
[12] von Bunge, G. *Loc. cit.*, p. 9.

A CASE OF DARIER'S DISEASE IN ITS EARLY STAGES.*

By Max Scheer, M.D., New York.

(From the Department of Dermatology and Syphilology, College of Physicians and Surgeons, Columbia University.)

The object of this paper is to record the findings in a case of Darier's disease of short duration. If the patient's statement is to be given full credence, the age of her eruption is probably shorter than any that I have been able to find recorded in the literature—namely, one month. It must be admitted, however, that the appearance of the eruption gave the impression of having been present for a longer period.

Case Report.

The patient, Mrs. E. E., visited the Vanderbilt Clinic on June 25, 1915. She was 41 years old, was born in Germany and had been in this country eight and one-half years. Her occupation was housework. She was twice married, eleven years ago and five years ago. Her first husband was killed in an explosion. She had had two miscarriages, one at two months, ten years ago, and one at four months, in December, 1914. There were no children. Her family history is negative. Her habits are good. Menstruation is irregular, but there are no other pelvic disturbances. She has had several attacks of bronchitis in the past few years; she has also occasional slight pain in the left breast and in the left hypochondrium, and complains of occasional flushing and cardiac palpitation. Her appetite has been good, though not excessive. She complains of dryness of the mouth, excessive thirst, and has frequency of urination. In addition, she has had severe itching in the pubic region and the vulva, which was most marked at night under the warmth of the bed clothes; the act of urination seemed to aggravate the itching. Sugar is said to have been found in the urine. This symptom complex, pointing to the existence of diabetes, has been present for the past two years. She sleeps poorly.

Present Condition. The patient is a stout and well-nourished woman. Physical examination of the lungs is negative. There is a soft systolic murmur at the apex, transmitted to the mid-axilla and best heard when the patient lies down. Otherwise the general physical examination is negative.

Skin. The patient first noticed the present eruption in the latter part of May, 1915. She describes the eruption which then appeared as small "warts," in the groins. These warty lesions formed patches on the thighs, each of which occupied an area about the size of a man's palm. Those in the cubital spaces were roughly oval in shape and about one by two inches in dimension. The warty lesions have not increased in size since first observed. There was no itching in the bends of the elbows, but there had been severe itching in the groins.

Examination. In the bends of both elbows, covering an area about two inches long by one inch broad, at the widest part, are numerous closely set, warty-

* Read before the Clinical Society of the Department of Dermatology, Vanderbilt Clinic, April 20, 1916.

looking papules; a few are isolated, while the great majority are closely aggregated. They are pinhead sized and larger. They are elevated, beadlike in appearance, and are arranged parallel to the folds of the skin in the bend of the elbow. The color of the individual lesions is a faint yellowish-brown, but the affected area, as a whole, presents a grayish color with a faint violet tinge, like that of lichen planus. The papules are not angular and do not show the

FIG. 1.

Lesions in cubital space. Here there are numerous, linear lesions possessing a verrucous appearance.

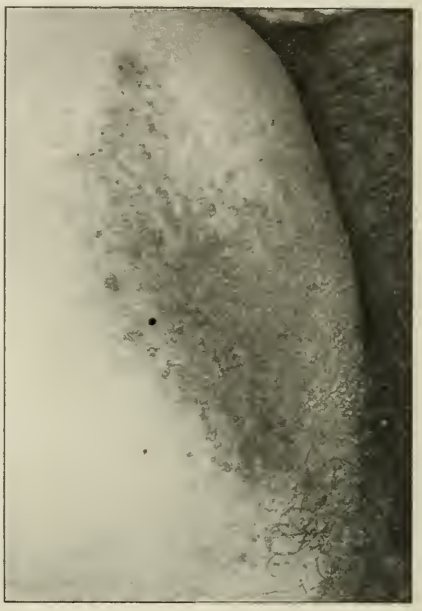

FIG. 2.

Patch in femoral region, consisting of coalesced, shiny, flat-topped, polygonal papules, having a marked resemblance to lichen planus.

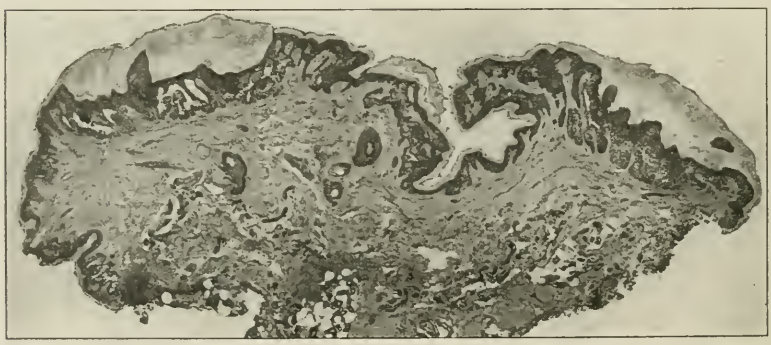

FIG. 3.

Zeiss-Planar 30 mm. Shows entire lesion. Hyperkeratosis, acanthosis and dyskeratosis

characteristic fine, adherent, white lines commonly seen in lichen planus. The lesions are more numerous and more elevated in the left cubital space than in the right. The patches resulting from the coalescence of these warty growths feel rough, like a nutmeg-grater, and are dry. In addition to this type of lesion the patches also present—especially when the skin is put under tension—a series of slightly raised linear excrescences, apparently composed of coalescing warty formations, and running transversely across the bend of the elbow. There has never been any moisture in them, and no unusual odor has ever manifested itself.

On the inner and upper aspect of each thigh, beginning at the genito-crural folds and extending from here downward for about two inches, is a roughly triangular-shaped area, showing lesions similar to those in the cubital spaces and running parallel to the folds of the skin in the groin. The lesions are more numerous in the left groin than in the right.

In the femoral regions the individual lesions are larger than those in the cubital spaces. They are in part isolated and in part confluent, and vary in size from a pinhead to a split pea; a few have an involuted centre which is slightly depressed. The color of the individual lesions is grayish; that of the patch is gray with a lilac tinge, strongly suggestive of lichen planus. They are warty in appearance, and in spite of their location are dry, nutmeg-grater like and present no secretion. Certain portions of the patch, especially at its periphery, present flattened, shiny, rhomboidal papules which are closely set and simulate areas of lichenification of the skin. The skin of and around the vulva is reddened (diabetic erythema) but there are no warty lesions elsewhere.

The rest of the cutaneous surface, including the scalp and nails, was entirely free of lesions.

When first seen, this picture did not suggest the diagnosis of Darier's disease. We seriously considered the possibility of lichen planus, multiple warts, and lichen chronicus circumscriptus. It was not until Prof. Fordyce examined the case that the likelihood of its being one of psorospermosis follicularis was suggested.

A biopsy was made from one of the lesions on the thigh. The tissue was fixed in alcohol, embedded in paraffin and stained in the usual fashion.

The sections showed the characteristic changes commonly found in Darier's disease. There was marked dyskeratosis of the epidermis and an enormous hyperkeratosis. The horny layer appeared as a thick solid plate, firmly adherent to the subjacent layer of the epidermis. While in the main the horny layer was completely keratinized, there were a few areas where the nuclei were retained (parakeratosis). There were no mitoses.

The granular layer for the most part was markedly increased in thickness and keratohyaline granules were found, even in the lowermost portions of the rete.

The stratum mucosum showed a decided hyperplasia as well as a destructive process which resulted in a loosening and separation of individual cells and the formation of cystic spaces and clefts, some of

which were free, while others were filled with detached cells and debris.

The basal layer in places had lost its contour and in some areas had entirely disappeared.

Nearly all the transitional stages leading to the formation of the peculiar bodies—"corps ronds"—which are characteristic of the affection, could be made out. A cell would lose its prickles, become swollen, the nucleus would shrink or become fragmented and the remaining cell body appear as a hyaline mass with a condensed, double contoured, refracticle margin or border. The bodies were found both in the rete and in the horny layer. While there was considerable œdema and tearing apart of the cells, the increased thickness of the Malpighian layer was due mainly to hyperplasia. There were no mitoses.

The rete pegs presented a great irregularity in shape; some were elongated, dipping deep down into the corium, others were short and blunt. In some areas they coalesced, presenting a wavy line.

In the pars papillaris of the corium there was some dilatation of the superficial blood vessels, the endothelium was rather prominent and there was a slight infiltration of lymphocytes. There was considerable œdema of the papillary body, the individual bundles of connective tissue being widely separated and to some extent degenerated and granular.

The elastic fibres, while not reduced in quantity, showed a fragmentation.

Only one follicle was seen and this was normal.

The lumina of the coil glands appeared to be choked with cells, some of which were detached and showed fatty degeneration. No sebaceous glands were encountered. The subcutaneous fat was normal.

In spite of the presumably short existence of the disease here described, it is of interest to note that the pathological changes are practically identical with those so frequently described in cases of long standing. Presumably, therefore, the disease begins with the characteristic changes peculiar to keratosis follicularis from its early stages or from its very incipiency.

Treatment. Ths patient was referred to the X-ray department for treatment. She received one unit of X-ray in four divided doses, with the result that a marked flattening of the patches in the cubital spaces became evident after an interval of three weeks. Up to date the patches on the thighs have not received treatment.

I am indebted to Prof. Fordyce for his kindness in permitting me the privilege of reporting this case and for the use of the laboratory. For the photographs and microphotographs I extend my thanks to Dr. MacKee.

SOCIETY TRANSACTIONS.

MANHATTAN DERMATOLOGICAL SOCIETY.

Regular Meeting, April 14th, 1916.

GEORGE M. MACKEE, M.D., *Chairman.*

CASE FOR DIAGNOSIS. Presented by DRS. MACKEE AND WISE.

The patient, a female adult, came from Dr. Fordyce's clinic, was married, and her history was negative, as regarded syphilitic disease. The history was also negative regarding the lesion for which she was being presented. She showed on her palate a tumor, raised about one-quarter inch, cone-shaped, with a large pinhead sized ulceration in the centre, which was slightly depressed and the base of the tumor sloping gradually off into the normal mucosa of the hard palate. The tumor had been of two years' duration and was hard to the touch. The result of the Wassermann test was not yet known on account of this being the patient's first visit to the clinic. The speaker said that the diagnosis rested between a benign periosteal or osteal growth of the palate, and lues.

DISCUSSION.

DR. SATENSTEIN said that he would like to suggest periosteal sarcoma in this case.

DR. WALLHAUSER said that the papule-like protrusion over the hard induration was probably caused by a minute sinus leading from the bone, and suggested the diagnosis of periostitis.

EPITHELIOMA OF THE TONGUE. Presented by DRS. MACKEE AND WISE.

The patient was a female adult, married, from Dr. Fordyce's clinic. She presented a lesion on the side of the tongue near the anterior fauces, which, she said, had had its beginning ten years previously, but which had become active and aggressive only within the last two years. It was indurated, sharply defined at the side of the tongue, about the size of a ten-cent piece, with raised, pearly edges. The patient had a distinctly sharp tooth opposite this lesion. The speaker said she was presented before the Society to show the rather unusual condition of epithelioma of the tongue in the female.

LUPUS ERYTHEMATOSUS. Presented by Drs. MacKee and Satenstein.

The patient was a male adult, who had been infected six months previously with syphilis and had gone to the Cornell Clinic for treatment. At that time the patient had a four plus Wassermann reaction. He was then sent to the City Hospital for treatment. There he received two injections of salvarsan and a number of injections of mercury, and the lesions responded to therapy, very slowly. He left the hospital in February, and on February 17th came to the Vanderbilt Clinic, where a Wassermann reaction, taken at that time, was found to be one plus. The eruption which, when shown, was present on his face, had come on about four months previously. The eruption on the extremities came on at about the same time. Since he had been first seen at the Vanderbilt Clinic he had received eight salvarsan injections and about twenty-five to thirty mercury injections, but clinically the lesions did not change. The lesions of the face became broader and more extensive. In spite of the fact that there was a positive Wassermann and a straightforward history of syphilis, a biopsy was made in order to find out why the lesions did not clear up. The speaker said the tissue changes of lupus erythematosus had been found. In examining the patient very carefully on the afternoon previous to his presentation, he showed similar lesions on the forearm, with minute atrophy. A slide was presented which showed the microscopical picture.

DISCUSSION.

Dr. MacKee said he thought the case deserved a little study. The lesion on the forehead was of a dull-red color, slightly infiltrated, slightly œdematous, and it had been present for several months, without any clinical alteration. The lesions on the arm, at a distance, possessed the general appearance of psoriasis, but on close inspection they were seen to be composed of confluent follicular papules. There were one or two very early lesions present, where the minute clinical features were not marked by a diffuse scaliness. In the young lesions the scaliness was limited to the follicular orifices, and the lesions consisted of a group of inflamed follicles containing horny plugs and a perifollicular erythema. The histology was not that of psoriasis nor eczema. It was more suggestive of lupus erythematosus than seborrhœa.

FIBROMA CUTIS? Presented by Dr. Weiss.

The patient was a female adult, who showed a rather rare skin lesion. For the past three years she had had very small tumor infiltrations in the skin of the back, arms, chest and face, of split-pea size. They were elastic to the touch and compressible. A number of the lesions, especially those sunk or infiltrated into the skin, were wrinkled on the surface. The speaker presented the case as one of non-pedunculated fibromata cutis.

DISCUSSION.

Dr. Mount said he thought this case one of macular atrophy.

Dr. Parounagian said that the lesions in this case corresponded to a case he had presented before the Academy of Medicine, one or two years previously. His patient, however, had no lesions on the upper extremities; they were mostly over the sternum and back. The newer and more recent lesions began like those of lupus erythematosus, which became atrophic and whitish. The case had been seen by Dr. Bulkley, at which time a diagnosis was made of myoma, but the lesion had been presented as one of macular atrophy.

Dr. MacKee suggested the early stage of macular atrophy. The case resembled one presented by Gottheil several years ago, where the large papules showed, under the microscope, only a swelling of the collagen with dilated vessels and lymph spaces. There was no infiltration. The papules later disappeared, leaving atrophic, depigmented macules.

Dr. Weiss said that these lesions had impressed him as small, compressible nodules, some a little above and others in the skin, showing fibromatous growth. In reference to the diagnosis of atrophy, he would have to wait, he said, until the condition came to that stage, before he would change his diagnosis.

PARAKERATOSIS VARIEGATA. Presented by Dr. Wallhauser.

The patient was a female adult, and was presented as a case of parakeratosis variegata, as described by Unna, Santi and Pollitzer.

The eruption had been present about five years and had remained practically unchanged. It was composed of a purplish-red, slightly elevated eruption, presenting a mottled or retiform configuration on the upper extremities, while on the lower extremities it appeared in numerous wavy lines. It was distinctly lichenoid in character, the peculiar figures and wavy lines being developed by coalescence of flattened, shiny papules, which were also distributed between the figures.

DISCUSSION.

Dr. Howard Fox said the patient looked like one of his, in which the diagnosis of angioma serpiginosum had eventually been made. The case in question had been reported by Dr. Wise in his article upon that subject. Dr. Fox did not think that the case corresponded to any type of parapsoriasis.

Dr. Wise said that the skin of the arms in this case to a great extent resembled angioma serpiginosum, with the one exception that in the condition presented by this case one did not see the pin-point sized lesions found in angioma serpiginosum. The blood vessels were also smaller and had a tendency to form rings about one-eighth inch in diameter, not seen in this case. The speaker said he admitted there was a superficial resemblance to angioma serpiginosum, but the striate infiltrations on the lower extremities were never a feature of this disease. As regarded the diagnosis of Dr. Wallhauser, never having seen a case of true parakeratosis variegata, the speaker said he was unable to verify his diagnosis, but from what he had read of Pollitzer's description, there were no such angiomatous and deeply infiltrated lesions present in that dermatosis.

Dr. Wise expressed the opinion that the case presented lesions which, to his mind, were unique, and hoped that a biopsy would be obtained.

Dr. MacKee agreed with Dr. Fox that very possibly the case could be included in the infective angioma group. Concerning the clinical infiltration, it should be remembered that Wise's case of angioma serpiginosum showed, histologically, a marked and diffuse infiltration. The speaker did not feel that the linear, infiltrated lesions should definitely rule out infective angioma. They might be concomitants of the disease or they might be coincidental. There was some tendency toward the formation of circinate lesions and there was a furfuraceous scaling, as in Wise's case.

Dr. Wallhauser said, regarding the possible diagnosis of angioma serpiginosum, he felt it should be excluded on the ground that that condition presented a progressive eruption, while the case under consideration had remained practically unchanged during a period of five years.

Dr. Wise said, with reference to Dr. Wallhauser's question, that out of 27

cases of so-called angioma serpiginosum, practically every one had a different course, superficial appearance, symptomatology, etc. In only a few was there a true appearance of progression by means of peripheral extension.

PARAPSORIASIS IN PATCHES. Presented by Dr. Wallhauser.

The patient was a male, 25 years of age, presenting a mixed eruption of five years' duration. On the chest and back it consisted of variously-sized erythematous plaques, measuring from one to several inches; the color varied from a light to a deep purplish red; the surface was roughened and slightly scaly; on the upper and lower extremities, the eruption consisted of pea- to dime-sized, disseminated lesions, which were slightly raised and covered with silvery-white scales. There was a mild pruritus and a decided hyperæsthesia in the patchy areas.

The resemblance to the early stage of mycosis fungoides on the abdomen and back, and psoriasis on the extremities, was a marked feature.

MACULAR ATROPHY. Presented by Dr. Ochs.

The patient, a girl, had been shown previously, at which time the diagnosis of macular atrophy had not been accepted by the Society. She was again presented in conjunction with her brother, who showed a similar condition. The duration of the boy's lesions had been indefinite and nothing could be told about them. The girl showed an alopecia areata, to which he had called attention at the last presentation. She had been under treatment with the Kromayer light, and the lesions were extending and increasing in size, having been of four years' duration. The speaker said it seemed peculiar to have the same condition in brother and sister, and as there was an apparent crinkling of the skin, he again presented it and maintained the diagnosis of atrophia cutis maculosa.

DISCUSSION.

Dr. Oulmann said, in regard to macular atrophy, he thought the condition showed simply atrophy of the pigment and not atrophy of the skin. Those cases usually started with a reddish, inflamed halo around a leukodermic spot. This halo either became pigmented afterwards or disappeared entirely. He said he had observed a number of these cases for years and years, in which lesions appeared, reached a certain size, and progressed no further.

MILIARY PAPULAR SYPHILIDE. Presented by Drs. Howard Fox and Ochs.

The patient, A. J., was a colored woman, 20 years of age, born in the West Indies, a domestic by occupation. The eruption had first appeared about three months ago, and had attained its maximum development in about two weeks. She presented a profuse papular eruption that was generalized and symmetrical. It was most profuse upon the neck, arms, shoulders, sacral region and upper portions of the thighs. Some of the lesions, especially upon the chest, simulated closely the papules of lichen planus. Other lesions were acuminate and scaly. There was a mild angina and a moderate enlargement of the posterior cervical glands. The Wassermann reaction, performed subsequently to the presentation of the patient, was strongly positive.

DISCUSSION.

Dr. Oulmann said he thought there was lichen planus present, beside syphilis

in this case. There were some scratch marks on the elbows, with longitudinal striæ, which led him to believe that the two diseases coexisted.

Dr. Weiss said he believed this case was one of lichen planus in a syphilitic individual.

Dr. Wise said he thought this a condition of syphilis without lichen planus.

Dr. Ochs said when he had first seen this case, about nine weeks previously, she came in with what was apparently a lichen planus of the body; there were no lesions on the face. The face and neck had been entirely clear. He did not see the patient again, until five or six weeks later, and still maintained the diagnosis of lichen planus. When the woman came in, on the day of presentation, the condition caused both Dr. Fox and the speaker to change their diagnosis. The speaker said they could not reconcile a condition like this with an absence of lichen planus lesions on the forearms and elsewhere, and lichen planus lesions on the face; and in examining her most carefully, they thought it was a papular syphiloderm.

LICHEN PLANUS SIMULATING PITYRIASIS ROSEA. Presented by Dr. Weiss.

The patient was a male adult, who, when the speaker saw him for the first time, exhibited all the signs of pityriasis rosea. When the case came a second time, he found that he presented papules around each pityriasic lesion, resembling Hebra's classical description of lichen planus in plaques, presenting the appearance of a brooch surrounded by little stones. Later on, the lichen planus papules came out in abundance.

LUPUS VULGARIS. Presented by Dr. Ochs.

The patient, E. J. S., was a male, 28 years of age, well developed and strongly built. On the entire right, as well as partly on the left side of the nose, was a sharply defined, reddened and scaly lesion with fairly sharp edges; at the right nasal orifice there was ulceration with scabbing. The lesion was not elevated, but highly erythematous, with a few apple-jelly nodules, especially along the lower margin of the lesion. There was a slightly inflammatory lesion on the inner canthus of the right eye. Just back of the right tonsil was a sharply punched-out ulceration. Repeated Wassermann tests had been negative. The duration of the disease on the nose had been five years, in the throat two years and at the canthus one week. The patient had had tuberculin treatment with no result. The case was presented as one of lupus vulgaris with ulceration.

NÆVUS UNILATERALIS. Presented by Drs. Howard Fox and Pisko.

The patient, G. D., was an Italian, 17 years of age. Upon the right supraclavicular region there was a group of pinhead sized, brownish, pigmented spots, that had been present for the past four years. The patient had come to the clinic on account of another disease of the skin.

LUPUS ERYTHEMATOSUS WITH PSORIASIS. Presented by Drs. Gottheil and Ochs.

The patient, Mrs. A. M., aged 43 years, had never been pregnant, and up to one year previously, had been free of any cutaneous lesions. At that time, a red spot appeared on the right cheek, which rapidly spread, extending over the nose and then to the other cheek, presenting a characteristic butterfly appear-

ance. Six months before, she noticed some scaly patches appearing on the left elbow and on the right knee. Upon examination there were found patches of well-marked, scaly psoriasis of the elbow and knee, also patches of psoriasis on the scalp. On the left ear were a few slightly scaly, small, reddened lesions.

DISCUSSION.

DR. PAROUNAGIAN said he thought the whole condition one of psoriasis.

DR. BECHET said that the eruption on the ear was very suggestive of lupus erythematosus. The lesions on the nose and cheeks were more characteristic of psoriasis than lupus erythematosus. It would require further observation to definitely determine whether the whole process was due to either or both of the diseases.

DR. OCHS said that, as regarded the lesions on the ear, they exhibited a similar character to those on the face, and that both the face and the ear lesions were lupus erythematosus, while those on the knees and elbows were psoriatic, in his opinion.

ERYTHEMA IRIS AND MULTIFORME. Presented by DRS. MACKEE AND WISE.

The patient, a child, 5 years of age, from Dr. Fordyce's clinic, was presented as an unusually persistent erythema multiforme and iris. The erythema multiforme began about seven months previously, and since that time there had been no period in which the skin was entirely free of lesions, but there were a number of spots which had persisted for three or four weeks, but no longer. Individual spots had disappeared, but the patient had had erythema multiforme without cessation during the last seven months. The lesions were of a violaceous color, due to the subcutaneous hæmorrhages which took place in them. There were slight vesicular and bullous lesions on the lips. The ætiology was obscure.

DISCUSSION.

DR. OCHS said he wanted to call attention to a case of erythema multiforme in a child, whose condition started shortly after the use of vaccine. He had intended to present the patient that evening, but could not, on account of the bad weather. The case would apparently get well and then relapse again, and the disease had started after vaccination.

DR. BECHET said that he had had under observation, some years previously, a case of Henoch's purpura. The lesions in his case greatly resembled those of the boy under discussion. He suggested the possibility of a similar diagnosis in the case presented.

DR. WISE said that Dr. Bechet's suggestion of purpura should be given serious consideration. He had shown a case, not long ago, before the New York Dermatological Society, in which the question of erythema multiforme and purpura were discussed, as in this case. This may be a case in which the erythema multiforme had as a symptom, an effusion of blood into the tissues, in the end stages. The speaker said this disease began not as a purpura, but as an erythema multiforme which resulted in a purpura, so that the question arose as to whether there were types which were transitions between the two.

EPITHELIOMA OF THE PALATE. Presented by DR. OULMANN.

The patient was a male, 59 years of age. He presented an epithelioma of the soft palate, extending to the right gum, which had been from eight to ten weeks' duration. The diagnosis had been corroborated by biopsy.

PSORIASIS IN A FULL BLOODED NEGRO. Presented by Dr. Howard Fox.

The patient, D. T. T., was a full blooded negro, 50 years of age, born in the United States, a cook by occupation. He presented typical, thickened patches of psoriasis on the backs of both elbows and other, less marked patches, on the scalp and trunk. The case would be reported later, with photographs and result of biopsy.

DISSEMINATE LUPUS VULGARIS. Drs. MacKee and Wise.

The patient, a male, 20 years of age and single, had been referred to the speaker by Dr. Kimball of this city. The Wassermann reaction had been negative and there was no specific history. He presented a series of lesions on the face and one of the series consisted of the disseminate type of lupus vulgaris, which diagnosis had been confirmed by microscopic examination. There were present the so-called acne agminata of the text books, together with small nodules, showing superficial inflammation and others, similar to small sebaceous cysts, chiefly over the neck and shoulders. The speaker said they were not so sure of the significance of those lesions, but thought they represented a type of tuberculide. The subcutaneous lesions were being presented for consideration as to the question of their being a nodular tuberculide. The von Pirquet test had been positive.

HYPERKERATOSIS SUBUNGUALIS. Presented by Dr. Weiss.

The patient was a male adult, who presented lesions of a bluish-purple color on both hands, especially noteworthy at the tips of the fingers. The subungual layer of all the nails, with the exception of one ring finger, was involved. The patient had varicose veins, a left-sided varicocele and an eczematous seborrhœic patch on the glans penis. A network of varicose veins was arched alongside the false ribs, and over the chest, abundant varicose veins extended, giving the appearance of a *caput medusæ*. The hair growth on the pubes and axillæ was scarce, and in the face it resembled the Chinese type of hairs. There was no hair growth on the back or legs. The speaker said he had made quite an extensive examination of the case, and the general appearance showed it to be one of the pluriglandular type, where primarily the suprarenals, and then the hypophysis were involved. Symptoms of the latter condition were the undeveloped teeth, small chin, tapering fingers and high maxillary arch. The vasomotor reaction in the case showed an erythematous streak on scratching with a blunt instrument, soon disappearing and leaving a white streak in its wake.

The speaker said he did not bring this patient before the Society because of the hyperkeratosis, but because the man exhibited a certain syndrome of endocrine inefficiency, to which dermatologists were not giving very much attention as yet, but which would be noted more in the very near future. This case showed an angio-neurosis of the skin, the face was flushed purple, dilated veins extended over the chest; there was a venous circle around the false ribs and a varicocele on the left side. To those giving attention to the glandular syndromes in dermatology this meant an inadequacy of the adrenal content in the blood. As the adrenalin was attracted by the hæmoglobin as an oxydizer, the lack of oxygen which was present in these cases gave the skin a purplish appearance, through venous stasis. The appearance of the varicocele on the left side was due to the same adrenal inadequacy. All these patients had a varicocele, especially on the left side, because the venous supply here did not

empty itself into the vena cava first, but into the vena venalis and then into the vena cava, while on the right side it emptied directly into the vena cava. The glandular syndrome in these cases was that of an adrenal insufficiency. This patient also possibly had a beginning hypernephroma.

Dr. Howard Fox presented photographs of a case of lupus erythematosus of the upper lip and one of xanthoma of the palm, in connection with cases shown at the previous meeting. He also showed a photograph of an extensive pityriasis rosea with numerous lesions upon the face.

PHILADELPHIA DERMATOLOGICAL SOCIETY.

Rgular Meetings, April 17th and May 15th, 1916.

Frank Crozer Knowles, M.D., *Chairman.*

PEMPHIGUS VEGETANS. Presented by Dr. Hartzell.

Female, colored, aged 59. She had been a patient in the Philadelphia General Hospital for over three weeks. She said that the eruptions had existed two months, but they were probably of longer duration. In the axillæ and groins were numerous large bullæ, in some cases with a typical vegetating mass, superimposed. There was a scattered eruption all over the body and marked itching.

EPITHELIOMA. Presented by Dr. Pfahler.

Male, white, aged 48, with a small pea-sized lesion in the inner canthus of the right eye. This was of two years' duration; by the formation of fibrous tissue, there was considerable ectropion; also marked induration, the lesion being covered with a yellowish crust. The Wassermann was negative; this, however, had no bearing on the diagnosis as the growth was typically epitheliomatous.

EXTRAGENITAL CHANCRE. Presented by Dr. Schamberg.

Female, white, aged 22. This patient had had an initial lesion on the upper lip which was typical in every respect, accompanied by considerable adenopathy. There was no history as to the mode of infection. She had been given 0.4 gram of arsenobenzol, the product of the Polyclinic Hospital Laboratory, and the lesion had healed in one week, leaving no scar.

LUPUS ERYTHEMATOSUS. Presented by Dr. Clark.

This patient had had a very extensive eruption of lupus erythematosus covering a large part of the face, across the nose, and which had existed for several years. She had been treated by the violet rays and desiccation method with very good results, leaving only a very small amount of scarring.

The speaker also showed photographs of other cases which had been treated by the same methods, very successfully.

LUPUS VULGARIS. Presented by Dr. Schamberg.

Male, white, aged 45. Prior to the treatment undertaken by the speaker, the entire lower jaw was covered with deep nodules, of soft consistency and yellowish brown color; there were areas of atrophy and heavy crusting in places. This had been of thirteen years' duration and the picture was typically that of lupus vulgaris. The patient had been treated with six per cent. pyrogallic acid ointment and there was considerable improvement, though the disease was far from cured.

X-RAY TREATMENT FOR HYPERTRICHOSIS. Presented by Dr. Pfahler.

Ten cases of young women were shown, all of whom had had extensive growths of hair on the face and had been treated by the X-ray by the speaker, with very good results on the whole. In some, after a period of several months, there had been no return of the hair and there was no atrophy or scarring of the skin. In some of the others there had been a slight return.

OCCUPATIONAL DERMATITIS. Presented by Dr. Davis.

Male, white, aged 28, who had a more or less generalized erythematous dermatitis, in places distinctly squamous, accompanied with intense itching. The patient had been working in one of the powder rooms at the Du Pont Powder Works and was constantly exposed to the fumes of ether which he necessarily inhaled; the dermatitis was evidently the result of the systemic poisoning. He had had this condition for fourteen weeks, during all of which time he had been engaged in his regular occupation.

ECZEMA WITH MARKED FOLLICULAR INVOLVEMENT. Presented by Dr. Stelwagon.

H. D., male, white, aged 14. The eruption made its appearance about one year ago as a small spot on the forehead, soon becoming erythematous in character, papulo-squamous and accompanied by considerable itching. In a few days it began to spread peripherally and within a comparatively short time, the entire body was involved. At the time of presentation, the only parts free were the palms and buttocks and occasional areas on the extensor surfaces of the arms and legs. There was considerable thickening, particularly on the face, neck and lower legs. Combined with the squamous condition was a marked follicular involvement, this being more intense over the trunk, flexors of arms and legs. The body was covered with excoriations, as the itching was intense. There was considerable glandular involvement, particularly in the groin. The patient's health was and had been especially good; no marked nervous manifestations were present though he complained bitterly of loss of sleep from the intense itching at night. Examination of the urine showed nothing abnormal. There was no loss of weight and the only point of interest in the history was of his having had, as an infant, an eczema of the face and body which disappeared when he was about two years old.

The speaker said that when he saw this patient the first time, which was the morning of the day of presentation, there were a few wheal-like elevations on the chest which had disappeared and he felt that the patient should be carefully watched as this might develop into a mycosis fungoides at a later date. The patient had been in a hospital in a neighboring city where the diagnosis of prurigo ferox had been made, in spite of the fact that the preponderance of the

lesions was on the flexor surfaces rather than on the extensors; that there was a moderate amount of glandular involvement; that there was no increase in pigmentation and that the patient was native born. He had been subjected to all the food reaction tests, with no results. Blood tests were normal with the exception of a high color index.

The members of the Society were of accord that this was not a case of prurigo and were very much interested in it, on account of the marked follicular involvement.

CASE FOR DIAGNOSIS. Presented by Dr. Davis.

E. S., female, white, aged four. Last June, a small "pimple" appeared on the right cheek just below the malar eminence. This grew steadily until now it reached to about the size of a marrowfat pea, nodular, very firm to the touch and of a reddish-brown color. This color could be almost entirely expressed under glass pressure, the only part remaining being the little pinkish halo which surrounded the lesion.

Discussion.

Dr. Schamberg said that a sarcoid must be considered but it would be impossible to make the diagnosis without the aid of a biopsy.

Dr. Stelwagon was inclined to look upon it as a keloid or a hypertrophic scar and said if such be the case, excision for therapeutic purposes or for biopsy would not be indicated, as the resulting scar might be larger than the existing condition.

Dr. Hartzell did not agree with the suggestion of its being a keloid on account of the distinct halo which surrounded it, but suggested the possibility of a lupus vulgaris in spite of there being no small, yellow-brown nodules, simply this one single papule.

Dr. Stelwagon suggested in the line of treatment, that as the child was so young, the parents wait until the expiration of a few years before treating the lesion, unless it continue to grow, in which case he considered carbon dioxid snow of the greatest value.

CASE FOR DIAGNOSIS. Presented by Dr. Davis.

Female, white, aged 54. About two years ago, the patient experienced a sense of irritation on the upper lip, just below the right nostril, and rubbed it very vigorously with her veil. The more she rubbed, the more irritation was produced, and finally a rough, irregular papule appeared, which continued to grow until there was an elevated plaque, about the size of a dime, on the upper lip, distinctly nodular; and on the septum of the right nostril was a papule the size of a small pea, pedunculated, and had been and was discharging a small amount of purulent material. The patient was given potassium iodide and there had been considerable improvement in the two weeks since she was first seen, though the speaker was still inclined to look upon this as a tuberculous condition, in spite of the age of the patient at which it began. No Wassermann test had been taken as yet.

ERYTHEMATOUS LUPUS. Presented by Dr. Knowles.

Female, white, aged 7. Italian by birth. Four months ago, there appeared on the arms, forearms and face, a papular eruption which had continued in

those situations but had changed in character until there were on the backs of each hand and forearm, about six or eight pea- to dime-sized lesions, covered with a grayish-white scale, crater-like, the edges of some being distinctly elevated above the surrounding skin, with a central umbilication or depression. Interspersed were small papules, rather shiny in appearance and accompanied by intense itching. Around the mouth and eyes were groups of papules covered with a brownish scale.

Discussion.

Dr. Schamberg was inclined to look upon it as a lichen planus annularis.

Dr. Hartzell said if this were a case of lichen planus, it was the most unusual manifestation of it that he had ever seen, and while he was willing to admit the possibility of it, he felt that the whole subject of lichen planus with its different manifestations was anything but clear, and that it was not right to include such a great diversity of types under the one general classification; he thought it corresponded more to the necrotic or lichenoid type, agreeing fully with all the other members of the Society that it was a most remarkable type of any form of lichen planus.

Dr. Stelwagon was inclined to agree with the speaker in the diagnosis of erythematous lupus, but was not willing to discard altogether the diagnosis of lichen planus.

ERYTHEMA OF IRIS TYPE. Presented by Dr. Hartzell.

Female, mulatto, aged 28. On each wrist was a perfectly round lesion, about the size of a silver half-dollar; very much darker than her light mulatto tint, lightly elevated and surrounded by a markedly inflammatory halo, about a quarter of an inch wide. Over the right scapula was another, smaller lesion, which was oval in shape. Completely surrounding the mouth was a zone of dark pigmentation about half an inch wide and which, in turn, was surrounded by a pinkish halo. There was only a slight burning sensation and the lesions had existed four days. She gave the history of having had one attack three years ago; another last October, of an exactly similar nature. On her arms and back were about ten pigmented spots which were the remains of previous lesions. They were extremely tender to the touch and accompanied by considerable itching. If this patient were white, probably the iris form of erythema multiforme would be much more noticeable.

LUPUS ERYTHEMATOSUS. Presented by Dr. J. Strousse.

Female, white, aged 36. On the cheek, across the nose and on the forehead, was a lupus erythematosus of distinctly florid type. The edges were rather sharply defined; there was no induration and very little scaling except where treatment had been applied. It appeared seven weeks ago; (the patient said, two days after having taken ten drops of Fowler's solution, t.i.d.).

Discussion.

Dr. Hartzell said that he had seen this type appear very suddenly in the course of a few hours, and disappear just as quickly and believed that it was an entirely different type from the classical lupus erythematosus.

TUBERCULOSIS VERRUCOSA CUTIS. Presented by Dr. Davis.

Boy, aged 12. On the right side of the nose, covering the entire cartilaginous portion to the tip, was a warty, granular, raspberry-like lesion, which appeared ten months ago. It was covered with a thick gray sanguineous crust which the speaker had tried ineffectually to remove. The patient's family was so indifferent or ignorant that his instructions to apply the medicament in such a manner that the crust could be removed and the underlying conditions seen, had not been carried out.

Discussion.

Dr. A. Strauss remarked that this was very similar to the case he had presented at the February meeting, and which had done remarkably well under X-ray application and pyrogallic ointment.

CASE FOR DIAGNOSIS. Presented by Dr. Schamberg.

Female, dark mulatto, aged 18. On face and chest, mostly anteriorly, and under the arms, were numerous lesions, flat, irregular in outline, varying from the size of a small French pea to a marrowfat pea, distinctly pink in color and entirely denuded of epithelium. Scattered between this type of lesions were numerous dark papules and there could be seen an occasional vesicle. All the larger lesions which looked so raw had previously been vesicular in character. Here and there was some attempt at grouping. There was a slight erosion on the left tonsil but this was not considered to be syphilitic in character. The diagnosis was suggested of dermatitis herpetiformis, but it was not a typical case.

TREATMENT OF INOPERABLE SARCOMA. Presented by Dr. Pfahler.

Male, white, aged 11. This patient had sarcoma of the right side of the face, which was considered by the surgeons as inoperable. He had had a three months' X-ray treatment before seeing the speaker, and with no result. An X-ray plate, taken January, 1916, showed a complete involvement of the inferior maxillary bone on that side. He had been given two weeks' treatment with the Coolidge tube, using a 5 millimeter aluminum screen. An X-ray plate, taken April, 1916, showed a complete regeneration of the bone and there was absolutely no effect on the skin from the X-ray exposures.

Dr. Pfahler also showed several cases and plates of epithelioma which had been wonderfully improved under X-ray treatment.

Henry K. Gaskill,
Secretary.

REVIEW

OF

DERMATOLOGY AND SYPHILIS.

Under the direction of

FRED WISE, M.D., New York,

Assisted by

CLARENCE A. BAER, M.D., Milwaukee.
WILLIAM H. BAUGHMAN, M.D., New York.
PAUL E. BECHET, M.D., New York.
J. S. EISENSTAEDT, M.D., Chicago.
CHARLES GOOSMANN, M.D., Cincinnati.
JAMES F. GRATTAN, M.D., New York.
ROBERT C. JAMIESON, M.D., Detroit.
FREDERICK T. LAU, M.D., New York.
M. F. LAUTMAN, M.D., Hot Springs.
OSCAR L. LEVIN, M.D., New York.
M. L. RAVITCH, M.D., Louisville.
ISADORE ROSEN, M.D., New York.
MAX SCHEER, M.D., New York.
PHILIP F. SHAFFNER, M.D., Chicago.
A. W. STILLIANS, M.D., Chicago.
JOHN H. STOKES, M.D., Chicago.
HARVEY P. TOWLE, M.D., Boston.
VICENTE PARDO, M.D., Havana, Cuba.

FORTSCHRITTE AUF DEM GEBIETE DER ROENTGENSTRAHLEN.

(Jan. 25, 1915, xxii, No. 5.)

Abstracted by CHARLES GOOSMANN, M.D.

THE HISTOGENESIS OF ROENTGEN AND TAR CARCINOMAS. H. RIBBERT, p. 473.

Ribbert describes and illustrates the histologic findings of several newly studied cases of epithelioma due, respectively, to Roentgen rays and to tar irritation. These studies tend to confirm his previously published theory that the primary and important change is in the connective tissue, and not in the epithelium. The elastic and collagen fibres disappear, and a cellular infiltration of the connective tissue occurs, all of which lessens the resistance to the downgrowth of epithelium. The changes are similar whether the epithelioma is due to tar, Roentgen ray exposures, or any other cause.

INSTRUMENTARIUM FOR THE APPLICATION OF HIGHLY ACTIVE RADIUM AND MESOTHORIUM PREPARATIONS. P. WICHMANN, p. 479.

The flat surface applicators heretofore have been made by incorporating the radioactive salt in a varnish with which the applicator is coated. This does not

exclude the air, and therefore permits variations of the emanation content, causing variations in radioactivity, with the consequent uncertainties of dosage. The susceptibility to injury of the unprotected surface is another drawback to these varnish applicators.

Wichmann describes and illustrates his methods of mounting, which were first published in 1912. Each applicator is hermetically sealed with 1/10 mm. of silver, and the mounting may be square, circular or oval.

ABSORPTION MEASUREMENTS WITH THE FURSTENAU INTENSIMETER. Immelmann and J. Schutze, p. 533.

The intensimeter utilizes the principle that selenium acquires increased electrical conductivity when exposed to light or Roentgen rays. This permits its utilization in measuring the intensity of the latter, for a unit time, and then calculating the total time needed for a given Roentgen treatment (the production and quality of rays being assumed to remain constant). The unit of dose is arbitrary, as in all other methods, and is designated 1 F. Twelve F. units are equal to one H. unit (of Holzknecht), or to two X units of the Kienböck scale. With hard filtered rays, however, this proportion changes, one H. unit being equivalent to 5 X (Kienböck) or 30 F. (intensimeter) units. This is explained by the authors as being due to the less rapid coloring of the Sabouraud pastille when exposed to hard Roentgen rays.

(*Ibidem*, Mar. 18, 1915, xxii, No. 6.)

MEASURING THE PENETRATION OF ROENTGEN RAYS. Robt. Kienböck, p. 567.

INCREASED RADIO-SENSITIVENESS OF THE HAIR FOLLICLES IN PSORIASIS. Robt. Kienböck, p. 591.

Increased sensitiveness of the skin to Roentgen rays may be due to internal disease, such as exophthalmic goitre, or it may accompany cutaneous disorders, and particularly psoriasis. In the latter case, the hypersensitiveness is not limited to the area of efflorescence, but affects the entire integument. A case is reported in which the entire scalp was given 2¼ H. units of Roentgen treatment filtered through one mm. of aluminum, for the relief of an itching psoriatic eruption. In less than three weeks, the hair began to fall out, and progressed to an almost complete baldness, that lasted for a period of two months. This patient had, several months previously, received mild Roentgen treatment, with soft (unfiltered) rays, with no untoward results, and Kienböck believes the use of hard rays in the last exposure caused the undesirable effect on the hair follicles.

THE REALIZATION OF RADIOMETER VALUES. Robt. Kienböck, p. 593.

The most widely used radiometers are the Sabouraud-Noiré (in the original or with Holzknecht's scale) and the quantimeter of Kienböck. They should be used together, Kienböck believes, the former to measure the progress of radiation, the latter to register the total surface and deep dose. With medium soft rays, the erythema dose is equivalent to 5 units on the Holzknecht scale or 10 X measured on the quantimeter.

However, when working with very hard rays, filtered through 3 or 4 mm. of aluminum, the erythema dose registers 10-15 H. on Holzknecht's scale, and

40-60 X on Kienböck's. It is, therefore, inaccurate to try to measure dosage in terms of X units on a Holzknecht scale, and vice versa.

DOSE MEASUREMENT IN ROENTGENTHERAPY. H. E. Schmidt, p. 594.

The radiometer of Sabouraud and Noiré should be read by daylight (not sunlight). It would be convenient to substitute an artificial light, if a satisfactory one could be found. Kruger has recommended a lamp (osram lamp) with blue glass filter, as made by the firm of Pohl, in Kiel, but Schmidt warns against its use, as his experience with the lamp showed very unreliable readings of the pastilles.

SOME REMARKS ON KIENBÖCK'S ARTICLE ON PAGE 593. H. E. Schmidt. p. 637.

Schmidt criticizes Kienböck's quantimeter, and believes it much inferior to the Sabouraud and Noiré pastilles for measuring X-ray dosage.

(*Ibidem*, Oct. 12, 1915, xxiii, No. 3.)

PROCEEDINGS OF THE SPECIAL COMMISSION FOR DOSIMETER COMPARISONS (GERMAN ROENTGEN SOCIETY.)

The subsequent 7 articles, comprising 80 pages of technical discussion, are submitted by the commission.

MEASURING HETEROGENEOUS RAYS. Th. Christen, p. 214.

It is well known that X-rays occur in different wave lengths, somewhat analogous to the visible spectrum. This heterogeneity is greatly emphasized by Dessauer, but Christen believes that it is not such a serious drawback in treatment as filtration, though 3 mm. of aluminum is sufficient to render the rays practically homogeneous. Christen confirms this by an analysis of one of Dessauer's own tables.

He suggests a method for measuring and recording the degree of heterogeneity of any Roentgen rays by the use of his penetrometer.

RECORDING THE ABSORPTION OF ROENTGEN RAYS BY A NEW GRAPHIC METHOD. Carl Weissenberg, p. 229.

INSTRUMENTAL DETERMINATION OF THE ERYTHEMA DOSE. Heinrich Wachtel, p. 248.

TECHNICAL ROENTGEN RAY MEASUREMENTS. G. Holzknecht and C. Weisseberg, p. 257.

Roentgen ray measurements are of two kinds, qualitative and quantitative. The best instrument for measuring quality or penetration is the one devised by Christen. The Benoist penetrometer is less accurate, and different examples, even from the same manufacturer, may vary one or two degrees from each other. The various instruments devised for quantitative measurements are also discussed.

ROENTGEN RAY MEASUREMENTS WITH THE SELENIUM CELL. RICHARD GRANN, p. 267.

This is a technical discussion of the photo-electric phenomena involved.

THE PRACTICAL USE OF THE SELENIUM CELL AND THE AVOIDANCE OF SOME OF ITS ERRORS. ROBERT MAYER, p. 283.

The author discusses the method of using Furstenau's intensimeter, and considers it sufficiently accurate for practical purposes, as well as time-saving.

MEASURING ROENTGEN RAYS WITH THE CALOMEL PRECIPITATION REACTION, AND PHOTO-CHEMICAL METHODS IN GENERAL. RICHARD GRANN, p. 289.

ANNALES DES MALADIES VÉNÉRIENNES.

(November, 1915, x, No. 11.)

Abstracted by PAUL E. BECHET.

CHANCRELLOUS ULCERATION OF THE PENIS IN AN OLD SYPHILITIC TREATED WITH NEOSALVARSAN. POSSIBLE CONFUSION WITH A REINFECTION. GASTINEL, p. 641.

The author reports a case of syphilis infected about two years previously, who had received ten injections of neosalvarsan, three intravenous injections of cyanide of mercury and three injections of gray oil. Eight months later, after a marked encephalitis, eight injections of gray oil were administered; one and a half years later an ulceration occurred on the site of the former chancre, the patient having had coitus with an unknown woman three weeks previously. The lesion disappeared completely after twelve injections of biniodide of mercury. There were no other signs of a new infection. The author believes that the lesion was a recurrent chancrellous ulceration (chancre redux) and not a new infection.

RECURRENT SPECIFIC ACCIDENTS AFTER "606." BRALEZ, p. 644.

Bralez reports two cases of syphilis, one of which presented a papulo-squamous syphilide on the penis and scrotum, three months after eight intravenous injections of salvarsan; the patient had also received forty-five injections of the soluble mercurial salts. The lesions disappeared after nine injections of benzoate of mercury, of two centigrammes each. The other case occurred in a woman, aged 23, whose infection had begun four years previously. She had received five injections of salvarsan, once weekly. One year later a facial paralysis developed, which disappeared entirely after forty injections of salvarsan, intermittently administered. After remaining ten months without treatment, she

complained of constant headache, osteocopic pains an the arms and legs, and tinnitus aurium. All of the symptoms, with the exception of the tinnitus, disappeared after fifteen injections of benzoate of mercury.

(*Ibidem*, December, 1915, x. No. 12.)

SYPHILITIC NEURASTHENIA AND ITS RESULTS. Gaucher, p. 706.

Gaucher, in discussing the subject, states that neurasthenia is frequent among syphilitics. He does not believe that syphilis alone can cause the disease, but that there must also exist a hereditary nervous inefficiency. He considers the latter a predisposing cause, and syphilis the determining factor. Specific treatment has little or no effect on the neurasthenia, which must be treated by the usual means employed in this disease.

INTRAVENOUS INJECTIONS OF BENZOATE OF MERCURY IN SYPHILIS. Bizard and Klein, p. 711.

Bizard and Klein used the following formula:
Benzoate of mercury, 1 gr.
Sodium chloride, 2 gr. 50.
Distilled water, q.s. ad 100 gr.
The dosage varied from one centigramme to four cubic centimeters. The injections in each case averaged twelve in number, and the authors' observations were based on fifteen cases. A temperature of 38°2 and 38°5 C. occurred in two cases. Endophlebitis occurred in three instances. Two-thirds of the cases had a mild stomatitis. Two developed a severe diarrhœa. One had a mercurial rash. In three cases the Wassermann reaction became negative after the tenth injection; in the twelve other cases it was not modified by the treatment. The authors believe that the benzoate is inferior to the cyanide of mercury for intravenous use. They recommend the intravenous administration of mercury only when intensive treatment is required, and believe the best results are obtained by the alternate use of cyanide of mercury intravenously and benzoate of mercury intracutaneously.

A FEW ATYPICAL CHANCRES. Bizard and Bralez, p. 720.

ANNALES DE DERMATOLOGIE ET DE SYPHILIGRAPHIE.

(July, 1915, No. 10.)

Abstracted by Paul E. Bechet, M.D.

DIMINISHED RESISTANCE OF THE SKIN. L. Brocq, p. 529.

Brocq states that diminished cutaneous resistance may be general, and quotes epidermolysis bullosa congenitalis as an example. It may also be local, as evidenced by the various trade exanthems. A feebleness of resistance may be brought on by a series of repeated local irritations; it is in this way that

inflammation frequently results from the continued use of epispastic salves, cosmetic preparations, etc. Diminished resistance may involve all or one or more of the cutaneous layers. Even the same irritant may produce the various changes; as an example he mentions the various alterations produced by sunlight, some of them pathological, such as xeroderma pigmentosum and hydroa vacciniforme; again only the pigmentary layer may be affected, as in freckling. Diminished cutaneous resistance may be congenital or acquired, permanent or transitory. Influences of internal origin, such as renal insufficiency, gastro-intestinal fermentation, hypofunction of the ductless glands, etc., may lower cutaneous resistance.

THE LENGTH OF THE PERIOD OF INCUBATION IN SYPHILIS FROM A MEDICO-LEGAL STANDPOINT. THIBERGE, p. 54.

Thiberge finds, after a review of the literature, that the average period is 25 to 30 days, but that the extreme limit varies considerably; limits of 60 days, and in one case 90 days, having been reported.

BRITISH JOURNAL OF DERMATOLOGY.

(April to June, 1916. xxviii, Nos. 4 to 6.)

Abstracted by I. ROSEN, M.D.

ON SPRAYS AND SPRAYING IN THE TREATMENT OF CERTAIN SURFACE AFFECTIONS OF THE SKIN. W. ALLAN JAMIESON, p. 104.

Jamieson recommends the hand spray in the treatment of the various forms of seborrhœa of the scalp. He has used the following lotion in the ordinary hand atomizer, with very good results: Euresol, 2 drachms; spiritus formicarum, 1 ounce; spiritus rosmarini, ½ ounce, olei ricini, ½ ounce; spiritus vini rectificati, to 8 ounces.

A CASE OF SYRINGOMA. S. NORMAN PAUL AND H. G. ADAMSON, p. 106.

This case is of interest on account of its unusual character. It would be impossible to predict its histological structure from the macroscopical appearance of the lesions.

The patient under consideration is a man, 46 years of age, who has about 25 smooth, firm, raised growths, situated between the sternum and the nipple on the left side. The growths are sessile, firmly attached to the skin and move with it. Some of the smaller tumors coalesce to form one large plaque. The largest ones measure 2.5 cm. across and are raised 1.5 cm. Some of them have been present 25 years. The color varies from a dark blue to that of a pinkish blue, and some of the larger growths appear to be cystic, with dilated blood vessels ramifying the surface.

The authors classify the benign forms of adenomata and adenoid epitheliomata, as follows:

1. Adenoma sebaceum: which usually occurs on the cheeks and sides of the nose and forehead, consisting of small rounded tumors of sebaceous gland tissue.
2. Epithelioma adenoides cysticum of Brooke: these are usually multiple, the choice of location being the forehead, temples, eyes and nose, but they may occur upon the scalp and chest. The structure of these growths is that of embryonic pilosebaceous follicles, so that they have been described by some authors as tricho-epitheliomata. Histologically, they closely resemble rodent ulcer, and it is very probable that rodent ulcer is also a tricho-epithelioma or embryonic pilosebaceous tumor, but made up of cells less stable than those of epithelioma adenoides of Brooke, with a greater tendency to break down and ulcerate.
3. Endotheliomata of the scalp, of Spiegler and Mulert are also pilosebaceous tumors or tricho-epitheliomata.
4. Jarisch's so called "hæmangioendothelioma," has also the structure of basal cell epithelioma of the embryonic pilosebaceous or tricho-epithelioma type.
5. Another important type, probably of embryonic sweat gland origin, is Kaposi's "lymphangioma tuberosum multiplex," later described by Jacquet and Darier as "hydradenome eruptif," and by Török as syringo-cystadenoma, and now generally known by the name given to it by Unna, of syringoma or syringadenoma.
6. Many authors have reported single sweat gland tumors, sudoriparous adenoma or syringoma.
7. There have been described linear nævus made up of sweat glands, or of sebaceous glands.

The authors' case may be placed among the sweat gland tumors of group 6. The massing of the growths in one area is suggestive of a segmental or linear nævus.

DIPHTHERITIC WHITLOW. J. D. Rolleston, p. 110.

Rolleston reports a case of a boy, 5 years of age, who was admitted to the hospital with a severe faucial diphtheria. He received large doses of antitoxin immediately, and in a few days the throat began to improve. About a month after the onset of the disease, the patient developed a transient right hemiplegia and aphasia, and at the same time there developed bullæ on the terminal phalynx of the left index, middle and ring fingers. Local applications of antiseptic solutions, such as 2% iodine solution, fomentations, compresses of sodium citrate and sodium chloride, and iodoform failed to heal the lesions. There was a profuse discharge from the granulations that had formed, and in one or two places there was a distinct slough. The patient complained of very little pain; there was no rise in temperature and no constitutional disturbance.

No membrane was present at any time, and the lesions looked like a severe whitlow.

It was not until one and one half months after the involvement of the fingers that the diagnosis of diphtheria was suspected. Cultures were taken and numerous groups of diphtheria bacilli were found. The patient received antitoxin, and within one week the lesions had healed.

The author emphasizes the fact that many cases of obstinate whitlow occurring in hospital residents and nurses are probably diphtheritic in origin.

A NEW TEST FOR SYPHILIS (THE EMULSOID-GELATION, OR THE "GEL" TEST). J. E. R. McDonagh, p. 114.

The author claims that the "gel" tests give more accurate results than the

Wassermann test. The change observed in the "gel" test is the conversion of the emulsoid particles, which form the internal phase of the serum, into the "gel" particles.

Its advantages are as follows: First, serum withdrawn in the early stages of the disease gives a different reading to one in the late stages. Secondly, the influence of treatment upon the solid particles or the protective substances in the serum can be better gauged. Thirdly, paradoxical results are not obtained, results which are too often met with in the non-specific complement-fixation test, especially with sera from patients who have recently been treated. Fourthly, a positive reaction is never obtained with a normal serum, provided it has not been kept too long, and negative reactions are not given by the "gel" tests, when the results should have been positive.

The test had been given a thorough trial in 200 cases, and the Wassermann test had been done in the same patients. Out of these 200 cases, one gave a strongly positive and two a slight positive Wassermann reaction, although the patients had never had syphilis, so far as one was able to tell. By the "gel" test these sera were normal. Thirty-seven of the 200 cases gave a negative Wassermann reaction, when the test should have been positive. By the "gel" tests all these sera were positive.

The author describes the tests in detail in his article, and refers the reader to his book, "LINKS IN A CHAIN OF RESEARCH ON SYPHILIS." Printed by Harrison and Sons, London.

A CASE OF FOURNIER'S SECONDARY SYPHILITIC ANALGESIA. C. Rasch, p. 119.

(Translated from the Danish by W. Jenkins Oliver.)

A girl, 21 years of age, was admitted into the department for skin diseases at the Rigshospital, with the following history. In October, 1914, she had some ulcerations on the forehead which were diagnosed as syphilitic and treated with 39 inunctions of mercury. In March, 1915, an ulcer appeared in the throat, for which she received 30 inunctions of mercury. In the middle of July of the same year, new ulcerations appeared on the forehead; at the same time she suffered from headaches, considerable loss of hair, loss of weight and loss of appetite.

The patient was very pale and thin. On the frontal border of the hairy scalp was a sharply defined, flat ulcer, about the size of a twenty-five cent piece. On the chin there were four small ulcers of the same character. To the right of the vertebral column, immediately above the vertebral border of the spine of the scapula, was another ulceration of the same nature. No bone affection could be observed. No enlargement of the glands. The left tonsil showed a sharply defined ulceration about the size of a hazel nut. The Wassermann reaction was positive.

Owing to the patient's poor condition, she was given a tonic consisting of potassium iodide, with iron. The ulcers healed in about three weeks, and the patient gained a few pounds in weight.

A spinal puncture, on Sept. 9, showed no pathological changes. Examination by the ophthalmologist and otologist revealed nothing pathological.

On Sept. 30, the patient was tested for sensations over "Fournier's areas"; a pronounced analgesia was demonstrated on the dorsal surfaces of both hands and on the mammæ, accompanied by some anæsthesia. The pupils were equal and reacted to light. Nothing abnormal was elicited in any of the cranial

nerves. There was hypæsthesia and hypalgesia of the glove type, with the upper limit about the middle of the forearms; no alteration in the sense of localization or of passive position; hypæsthesia and hypalgesia over both mammæ, thighs and upper part of the legs on their anterior aspects. The patellar reflexes were entirely absent. The Achilles tendon reflexes were exaggerated.

The absence of patellar reflexes definitely points to an affection of the nervous system, and, together with the altered sensation in the lower limbs, suggests an affection of the cord rather of the nature of some slight vascular disturbance, than a meningitis. The altered sensation in the upper limbs is probably functional in origin, while the hypæsthesia of the mammæ might be due to either cause.

ARCHIVES OF INTERNAL MEDICINE.

(July, 1916, xviii, No. 1.)

Abstracted by R. C. Jamieson, M.D.

THE HEREDITARY FACTOR IN PELLAGRA. C. B. Davenport, p. 4.

The hypothesis is taken that "pellagra is the reaction of the individual to the poisons elaborated in the body, probably by a parasitic organism," and "is, in all probability, a specific infectious disease, communicable from person to person." The inflammations of the skin and mucous membranes are, as would be expected, more severe in those with lowered resistance, either acquired or inherited; so also is the disease more readily spread among those mentally deficient, on account of their inability to protect themselves properly against infection and improve their sanitary surroundings.

The author believes that there is an hereditary influence in pellagra, noting that whites are affected two and one-half times as frequently as negroes, although sanitary surroundings were similar. Investigations showed that many families had five or more cases of pellagra, and the article goes on to elaborate those cases where heredity and contact would be responsible for the appearance of the disease. He accounts for the immunity of some members of a family with several pellagrins by variations in resistance on the part of the individual as well as by variations in the virulence of the infection.

From his investigations the author concludes that pellagra is not a directly inheritable disease, but that it does depend upon inherited traits. He thinks it is probably communicable, 40 to 50% of the children of susceptible parents being susceptible to the disease.

A STUDY OF THE HEREDITY OF PELLAGRA IN SPARTANBURG COUNTY, SOUTH CAROLINA. Elizabeth B. Muncey, p. 31.

The histories of about six hundred pellagrins were studied, the families being grouped according to the umber of those affected in each family, both pellagra and "pellagra sine pellagra" being recognized. It was found from this study that heredity does not play any direct part in the transmission of the

disease, but, however, there may be an hereditary predisposition in families that have had gastro-intestinal disturbances for several generations, these disturbances being relatively high among pellagrous families. The exciting factor would seem to be contact or life in those sections where the disease is endemic.

The article is accompanied by many diagrams.

A CRITICAL CONSIDERATION OF SYSTEMIC BLASTOMYCOSIS. H. W. Wade and George S. Bel, p. 103.

The authors state that blastomycosis is not easily recognized, as most of the localized cutaneous cases do not develop into systemic infections, and systemic infections are generally mistaken for tuberculosis on account of lung involvement. This condition is now recognized as having a wide distribution, and in all probability more cases would be reported if the disease were recognized. Many different species of the organism are, however, capable of causing similar lesions.

They give a detailed discussion of the morphological and cultural characteristics of the organism and state that in the systemic infection, the atrium is usually the lung, due to inhaling repeatedly the fungi, especially where there is already some pathological condition present. It is rare to have a systemic infection follow a cutaneous lesion. The onset is commonly a severe cold with cough and expectoration, the course of the disease later becoming subacute or chronic, with little toxicity, the five organs most frequently involved being the lungs, skin, bone, spleen and kidneys. Other organs may be involved, but not frequently.

Microscopically the organisms may be either within or without the giant cells and may vary greatly in numbers.

Nothing new was discovered relative to the treatment of the disease, although they consider vaccine therapy offers a field for experimentation. They give a detailed report of their five cases.

(*Ibidem*, August, 1916, xviii, No. 2.)

DIETARY DEFICIENCY AS THE ÆTIOLOGICAL FACTOR IN PELLAGRA. Capt. E. B. Vedder, p. 137.

Vedder has reviewed the work of the Thompson Pellagra Commission at Spartanburg County, South Carolina, entirely from a dietary point of view, with the idea of finding a defect in vitamins in the diet such as exists in scurvy and beriberi.

While the dietary could contain sufficient calories to sustain life, it might lack certain vitamins which would be essential for the prevention of pellagra, thus differentiating malnutrition from a deficiency diet, each individual requiring a different amount of vitamins.

He draws comparisons between beriberi and pellagra in similar gastro-intestinal and nervous symptoms, and frequency, in inmates of institutions. Pellagra may be self limited during a deficiency diet or may continue even though a patient be put on a seemingly correct diet, but this may be due to the fact that we are ignorant of the vitamins necessary, or the patient might not be able to assimilate them.

He thinks that the tendency to recur in the spring is more in favor of a dietary aetiology than an infection, as beriberi acts in the same manner, while no known infection does.

To account for the cases in which contact has occurred, he believes that some of those people (43.5%) belonged to the same families and had the same diet, yet at the same time large numbers of people came in contact with pellagrins without developing the disease.

The most densely populated centres usually contained the poorest elements, who would live on a poor diet and would consequently develop the disease independently of any contact. Infection also presupposes conveyance of the organism from house to house, and this has been neither proved nor disproved, except that physicians, nurses and attendants in institutions rarely contract the disease.

Although the Commission failed to find any special food as the cause of pellagra, Vedder thinks that diet can still be responsible as being deficient in quantity and in vitamins present. In the diet of a great many of the mill-hand class there was a lack of variety and a great preponderance of certain articles of food, such as an exclusive use of wheat flour with cornmeal, salt meats and canned goods. He thinks the deficiency theory should be thoroughly studied in future work.

THE INCIDENCE OF PELLAGRA IN SPARTANBURG COUNTY, SOUTH CAROLINA, AND THE RELATION OF THE INITIAL ATTACK TO RACE, SEX AND AGE. J. F. Siler, P. E. Garrison, and W. J. MacNeal, p. 173.

According to the records accumulated by the Pellagra Commission, the disease has been increasing more or less rapidly since 1907, with a death rate in the year of initial attack of 15.8, although the proportion of negroes attacked has been slowly rising.

Children had a low death rate in the initial attack, the disease being rare under one year, but fairly common from two to twelve. From twelve to sixteen there is considerable freedom from pellagra, but later on it increases rapidly up to twenty and then diminishes in women but rises in men.

In cases of infantile pellagra they always found a previous residence close to a pellagrin but they believe that a nursing pellagrin does not communicate the disease through her milk.

The highest rate per 10,000 was for white females, 231; second were white males, 103; then colored females, 81; with 25 colored males; the age of greatest incidence being 30 to 34 in females, 55 to 64 in males.

(*Ibidem*, September, 1916, xviii, No. 3.)

THE TREATMENT OF SYPHILIS OF THE CENTRAL NERVOUS SYSTEM. J. C. Walker and D. A. Haller, p. 376.

Walker and Haller review analytically their treatment and results in 48 cases of tabes dorsalis, 6 cases of general paralysis of the insane, 16 cases of cerebrospinal syphilis and 5 cases of syphilitic meningitis.

They employed three methods: first, intravenous salvarsan alone; second, intravenous salvarsan and intraspinal salvarsanized serum; third, intraspinal salvarsanized serum alone. All patients were treated at first with intravenous salvarsan alone, but if no improvement occurred, the intraspinal salvarsanized serum was administered later. Only those with a negative blood Wassermann and a positive spinal fluid Wassermann were treated intraspinally only, the Swift-Ellis method being followed throughout, with the exception that larger

intravenous doses were given, the blood withdrawn one-half hour afterward and 20 to 25 cc. of whole serum used for injection. A moderate reaction for a few hours gave more improvement than a slight or no reaction, and was much more to be desired.

They found that long-standing infections resist salvarsan, although some cases with central nervous involvement improve remarkably after three to six intravenous injections alone. Other cases that did not improve under that treatment are benefited by one intraspinal injection. The most improvement in this class of cases was noted in those with recent infections.

In those cases, however, in which both the intravenous and intraspinal methods were used, improvement occurred in all cases; pain, headache, ataxia, dizziness, etc., were lessened; the Wassermann reaction became less positive and the cell count decreased.

Twenty cases were treated with intraspinal salvarsanized serum alone, the improvement in symptoms in all cases being marked, the Wassermann, however, being only slowly changed from positive to negative. The cell count diminished gradually, except in a few cases with a high cell count.

One case of general paralysis of the insane with a positive blood Wassermann was given two normal syphilitic serum treatments without changing the cell count, but later the cell count diminished one-half after one intraspinal treatment with salvarsanized serum.

They consider this treatment of great value, either alone or combined with intravenous salvarsan.

THE SUBSEQUENT HISTORY OF PELLAGRINS IN SPARTANBURG COUNTY, SOUTH CAROLINA, WHO SURVIVED THE INITIAL ATTACK. J. F. Siler, P. E. Garrison, and W. J. MacNeal, p. 340.

This paper is a further report of the Robert M. Thompson Pellagra Commission and deals with 1053 recurrent attacks of pellagra with 130 deaths in the year of recurrence, or 12.3%.

The prognosis in recurrent cases of pellagra seems to become more favorable each year for recovery from the attack, but each succeeding attack tends to increase the probability of a recurrence the following year, the disease becoming less malignant in the later years. A year without recurrence is very favorable both with regard to subsequent recurrence and to severity in case of later appearance, recurrences taking place even after several years' freedom from the disease. They consider it impossible to say when a case has completely recovered, stating that it is most probably arrested or inactive, as in the latent state of tuberculosis and syphilis.

JOURNAL OF EXPERIMENTAL MEDICINE.

(August, 1916. xxiv, No. 2.)

Abstracted by R. C. Jamieson, M.D.

THE TREATMENT OF LEPROSY WITH CYANOCUPROL. R. Takano, p. 207.

The author's work was done with six cases of leprosy at the I-hai-yen lepro-

sorium in Tokyo, the drug being a combination of potassium cyanide and copper, which is specially treated chemically before being introduced into the body. This compound was originally used and prepared by G. Koga, and used in his work with tuberculosis.

The similarity of organisms in tuberculosis and leprosy led the author to use cyanocuprol in the latter disease, in doses of 16 to 20 mg. every two weeks; 20 to 24 mg. may be given every week without ill effect. Injection is made very slowly in the femoral vein in the usual manner; after several injections such symptoms may occur, as congestion in the head, deep breathing, fast pulse, etc., but they rapidly pass off.

The six cases all received similar treatment with seeming benefit in all. Further reports will appear later.

BULLETIN OF THE JOHNS HOPKINS HOSPITAL.

(August, 1916, xxvii, No. 306.)

Abstracted by R. C. Jamieson, M.D.

A TREATMENT FOR PRURITUS ANI. H. B. Stone, p. 242.

Stone used alcohol in his experiments, finding that too deep injections would produce a paralysis of the sphincter and incontinence, while if injected *into* the skin, ulceration would follow. He overcame this by inserting the needle through the skin and injecting the alcohol *under* the skin.

Relief from itching is immediate and will last at least several months—just how long is not known. The skin becomes more normal in appearance. Local anæsthesia is usually employed before the alcohol is injected—novocain or quinine and urea hydrochlorid, 1%, to 95% alcohol being used and injected into the subcutaneous fat. He claims for this method that it accomplishes the same result as the operative procedure with more safety, more rapidity, no dressings and no hospital expense.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

(Feb. 5, 1916, lxvi, No. 6.)

Abstracted by Wm. H. Baughman, M.D.

THE ÆTIOLOGY OF SYPHILITIC AORTITIS. D. Symmers and G. H. Wallace, p. 397.

Chronic productive mesaortitis is frequently associated with a definite syphilitic history and anatomic evidences of the disease. Further evidence of its syphilitic origin are the finding in the aortic wall of organisms, morphologically

indistinguishable from the spirochæta pallida, by several investigators; and that, in 78.5% of the cases, the Wassermann reaction is positive.

The anatomic changes are usually confined to the arch, though occasionally the thoracic, or abdominal aorta is exclusively involved. The gross appearance of the lesions is characteristic, consisting of sharply defined, pale, hyaline elevations, elastic in consistence, smooth to the touch and free from calcium, scattered over the inner surface of the aorta, and varying in size up to several centimeters. They may be so situated as to cause partial or total obstruction of small and large branches of the aorta. Aneurysmal dilatation of the aortic ring and thickening of the aortic valves are not infrequent.

The histological picture shows, among other changes, sclerosis of the adventitia with round cell foci; scattered collections of lymphoid and plasma cells with a sprinkling of epithelioid cells, sometimes resembling miliary gummata. The media shows areas of fibrosis or of necrosis. The subintimal connective tissue is thickened and thrown into heaps. The inner surface shows depressions caused by retraction of the underlying connective tissue. Numerous breaks can be demonstrated in the elastic fibres and signs of advanced granular degeneration or actual necrobiosis.

Seventy cases were selected at random from several hundred, of syphilitic aortitis. Of these, 71.4% occurred between the ages of 30 and 50 years.

Sixty-six per cent. of the twenty-four cases, giving a positive history, were infected between the ages of 20 to 30 years. In twenty-one of these cases, all of whom had had insufficient treatment, the average time between infection and death was 20.5 years; and, since death ensues within 2 or 3 years after the onset of aortitis, involvement of the aorta is a late event, even where antisyphilitic treatment has been neglected.

Among the probable predisposing factors are long working hours and strenuous work; immoderate use of alcohol; acute rheumatic arthritis; 24.2% of the cases gave a definite history of repeated attacks, and other infectious conditions.

Aneurysm occurred in 30% of the cases; conversely, it has been shown that from 70 to 90% of all aneurysms are directly traceable to syphilitic aortitis; 15.7% showed involvement of the first part of the arch without evidence of involvement of the aortic cusps; 5, or 45.4% of these gave clinical signs of relative insufficiency of the aortic ring; 27% showed sclerosis and retraction of the aortic valves.

REACTIONS AND RESULTS OF TREATMENT IN CEREBROSPINAL SYPHILIS. G. Draper, p. 400.

Judging the results of intravenous and intraspinous treatment on patients with cerebrospinal syphilis by the degree of restitution of working capacity, the author concludes that, despite the not infrequent reactions, which are sometimes dangerous and quite often painful, the results justify the means employed.

INTRASPINAL ADMINISTRATION OF MERCURIALIZED SERUM IN THE TREATMENT OF SYPHILIS OF THE NERVOUS SYSTEM. E. L. Hunt, p. 404.

Forty-five cases of syphilis of the brain and spinal cord were treated. Forty received intraspinal injections of mercuric chloride, five received injections of

sublamin; at the same time, all received intramuscular injections of mercuric salicylate, and the very early cases had intravenous injections of salvarsan. A total of 100 injections of mercuric chloride and 33 injections of sublamin were given.

The method of preparation and administration of the mercuric chloride, with the exception of that in five cases, was as follows:

Fifty cc. of the patient's blood was obtained in a sterile glass container four hours after an intravenous injection of salvarsan, kept over night in an ice-box, then the serum was decanted and centrifuged. To the serum was then added one-fiftieth grain of mercuric chloride in solution, the total quantity being brought up to 30 cc. with sterile salt solution, and inactivated at 58° C. for half an hour. The serum was injected within one hour after being prepared.

In five cases, the mercuric chloride was mixed with the serum and injected immediately. This method was considered to be not as good as the former one.

Of the forty-five cases treated, six showed marked objective improvement, nine showed marked subjective improvement, twelve showed slight subjective improvement, thirteen showed no improvement, and three died. Patients with tabes and cerebrospinal syphilis showed a more general improvement than the others, those with general paresis being least responsive. Seven case reports are appended.

BOSTON MEDICAL AND SURGICAL JOURNAL.

(July 6, 1916, clxxv, No. 1.)

Abstracted by Oscar L. Levin, M.D.

THE MENACE OF SYPHILIS OF TODAY TO THE FAMILY OF TOMORROW. J. Harper Blaisdell, p. 7.

Analysis of the histories of thirty cases of familial syphilis showed that fifty-nine out of sixty-two parents were probably infected. Only twenty-three healthy children were born of one hundred and thirty-two pregnancies; most of these were born previous to the parental infection. Of the remaining one hundred and nine, eighty-three terminated in miscarriages, congenital syphilis or death shortly after birth.

The unmarried luetic female does not seek dispensary or private treatment to the same extent as the infected single man, and the bringing under medical supervision of these women, now apparently under no control, would go a long way toward removing active foci of infection and minimizing the danger to their future husbands and children. Even among the single men it was observed that 70% of them made less than five visits to the Boston Dispensary and they are also a tremendous danger to their future homes.

The author concludes that syphilis will appear in the home of tomorrow in proportion to the inadequacy of treatment among the "men and women of the street" of to-day.

THE TREATMENT OF PARESIS BY INTRA-VENTRICULAR INJECTIONS OF DIARSENOLIZED SERUM, WITH PRESENTATION OF CASES. Philip Coombs Knapp, p. 24.

Intra-ventricular injections of diarsenolized serum in two paretics resulted in a decided improvement in the physical and mental condition of the patients. As this operation is comparatively simple, unaccompanied by danger to the patient and insures a direct action of the drug on the spirochætæ, its employment is advised in preference to the intraspinal or intravenous methods in the treatment of paretics.

(*Ibidem*, July 13, 1916, clxxv, No. 2.)

Abstracted by Oscar L. Levin, M.D.

CERTAIN OCCUPATIONS AS CONTRIBUTING FACTORS TO DISEASES OF THE SKIN. Charles J. White, p. 35.

White subdivides this subject as follows:

1. Diseases of the tropics. Leprosy, yaws, oriental sore, elephantiasis, Madura foot, verruca Peruviana and special forms of ringworm.
2. Diseases due to abnormal temperatures and atmospheres in the temperate zones. Burns and eczema from exposure to high temperatures, chilblains and frostbites as a result of low temperatures, eczema from excessive dryness, purpura from prolonged exposure to increased air pressure and various dermatoses, eczema and malignant lesions as a result of the action on the skin of heat and actinic rays.
3. Diseases of posture. Varicose eczema, erythema induratum and calluses.
4. Diseases from the bites of insects.
5. Parasitic diseases, vegetable and animal.
6. Bacterial diseases.
7. Diseases of obscure animal origin, like foot and mouth disease and erysipeloid.
8. Plant poisoning.
9. Chemical irritation.

(*Ibidem*, July 20, 1916, clxxv, No. 3.)

EXFOLIATIVE DERMATITIS FOLLOWING NEOSALVARSAN INJECTIONS. René Biné, p. 96.

(*Ibidem*, July 27, 1916, clxxv, No. 4.)

PATHOLOGY OF CLAVUS (SOFT CORN). Henry M. Chase, p. 134.

The macerated, moist surface of soft corns is caused by the presence of lymph which escapes from a sinus. This sinus has its origin in the neighborhood of or within a tendon sheath and pursues a tortuous course through the subcutaneous areolar tissue. The treatment of this condition consists in the complete removal of the sinus and its lymph sac.

(*Ibidem*, Aug. 10, 1916, clxxv, No. 6.)

THE NORMAL REACTION OF THE SKIN TO STROKING. A DESCRIPTION OF THE PHENOMENA AND AN EXPLANATION OF ITS CAUSATION BASED ON REASON AND EXPERIMENT. EDWARD A. TRACY, p. 197.

The normal reaction of the skin to stroking consists of two components, a brief deepening of the skin tint (vasodilation) followed by a more lasting streak of white on the rosy field. The author claims that these phenomena are caused by a double nerve mechanism, one for vasodilation (autonomic) and one for vasoconstriction (sympathetic); together with at least two hormones in the blood stream, the hormone X (Eppinger and Hess' "autonomyn") activating the vasodilation mechanism; the other hormone, adrenalin (or analogue, inciters of sympathetic nerve endings) activating the vasoconstriction nerve mechanism.

The clinical examination of a patient should include testing for this reaction. The absence of either component indicates an excess of a hormone or deficiency of its antagonistic hormone.

(*Ibidem*, Aug. 31, 1916, clxxv, No. 9.)

CONTACT POINTS BETWEEN PULMONARY TUBERCULOSIS AND SYPHILIS. A. LYON, p. 286.

As a result of his observations at an institution for patients with tuberculosis, the author is of the opinion that syphilitic involvement of the lungs is not rare and is often diagnosed as being tuberculous. He states that all patients suffering from pulmonary disease should be given repeated Wassermann tests.

The diagnosis of pulmonary lues should be made only after a careful study of the physical signs and radiographs of the involved organs, the performance of repeated Wassermann tests and several unsuccessful attempts to find the tubercle bacilli in the sputum.

(*Ibidem*, Sept. 7, 1916, clxxv, No. 10.)

SOME THEORETICAL CONSIDERATIONS IN THE PRESENT STATUS OF ROENTGEN THERAPY. JOHN SHOHAN, p. 321.

The value of X-ray therapy in dermatology is emphasized.

REPORT ON THE CLINICAL SYMPTOMATOLOGY AND LABORATORY FINDINGS IN THREE CASES OF GENERAL PARESIS UNDER INTRAVENOUS ARSENOBENZOL TREATMENT. G. E. MOTT AND S. M. BUNKER, p. 338.

Evidence of syphilitic involvement of the central nervous system may be discovered in the laboratory, long before the appearance of clinical symptoms. The following six tests confirm the diagnosis of general paresis:

1. Positive colloidal gold reaction of Lange.
2. Globulin present and increased.
3. Albumin present and increased.
4. Number of lymphocytes per c.mm. increased from 10 to 400.
5. Wassermann reaction in the serum.
6. Wassermann reaction in the spinal fluid.

In the cases reported by the author there was clinical and laboratory improvement following the intravenous injection of diarsenol and arsenobenzol.

AMERICAN MEDICINE.

(June, 1916, xxii, No. 6.)

Abstracted by Oscar L. Levin, M.D.

THE DERMATOSES OF ACIDOSIS. William P. Cunningham, p. 423.

The author believes that all exudative inflammations are results of acidosis produced by disturbed metabolism. He believes that the presence of fluid in the tissues is due to the process of "synersis." This means the absorption of water by a colloid body and the subsequent solution of part of the absorbent in the re-exuded fluid. The acids cause the colloid substance of the blood vessels to become distended with fluid, thus enabling colloids not so distended to pass through.

All dermatoses accompanied by palpable or histological œdema are said to be caused by acidosis.

MEDICAL JOURNAL OF AUSTRALIA.

(Apr. 8, 1916, i, No. 15.)

Abstracted by Oscar L. Levin, M.D.

COLLOID DEGENERATION OF THE SKIN. Longloh Johnston and Norman Paul, p. 304.

The authors report two cases; in one the dorsal surfaces of the hands alone were affected, whilst in the other there was a symmetrical involvement of half the dorsal surfaces of the hands, the proximal digits of the thumbs, the forearms, the nape of the neck and the butterfly area of the face. No history or picture of the lesions in the first patient is described. The second patient, a healthy, robust butter carter, thirty-seven years of age, first noticed the appearance of the eruption on the thumbs seven years before applying for treatment. From this site of first attack the affection spread slowly and insidiously. The eruption consisted of yellow, millet-seed sized to hemp-seed sized papules, discrete and aggregated, and slightly elevated. The individual papules appeared waxy in consistence, with a clearer translucent centre. They were firm to the touch and exuded a drop of blood when pricked. The only subjective symptom was a slight itching when the patient perspired freely.

Histological examination revealed masses of colloid in the corium and the connective tissue in the neighborhood of the colloid showed partial degeneration and took the same stain as the colloid (yellow with picro-carmine). The rest of the corium and the epidermis showed pressure changes.

CANADIAN PRACTITIONER AND REVIEW.

(June, 1916, xli, No. 6.)

Abstracted by Oscar L. Levin, M.D.

PEDICULOSIS PUBIS. Douglass W. Montgomery, p. 231.

Although blue ointment cures pediculosis pubis, it is not a pleasant preparation because it soils the linen and often causes a folliculitis. The pediculi may be smothered with applications of petroleum products; xylol in 50% strength, in equal parts of alcohol and ether, is clean and destroys both the pediculi and the nits but causes a severe irritation when dropped on the scrotum. An ointment or lotion containing 10% of creolin is very efficacious. Creolin destroys both the parasites and their eggs and cures any eczema which may be present.

THERAPEUTIC GAZETTE.

(July 15, 1916, xii, No. 7.)

Abstracted by Oscar L. Levin, M.D.

THE DIFFERENTIATION AND TREATMENT OF SYPHILITIC AND TUBERCULOUS SKIN LESIONS. William S. Gottheil, p. 457.

In this paper Gottheil comments on the close resemblance which may exist in the clinical appearance of the various luetic and tuberculous affections of the skin. After classifying the tuberculous conditions into true tuberculous infections and toxituberculides or tuberculides, he sets forth the distinguishing features of these and the syphilitic lesions in parallel columns.

The Finsen-Reyn, or the Kromayer lamp or one of their modifications is employed in the local treatment of the tuberculodermata.

The paper is beautifully illustrated, the photographs graphically depicting the striking resemblances between syphilides and some tuberculodermata.

NEW YORK STATE JOURNAL OF MEDICINE.

(August, 1916, xvi, No. 6.)

Abstracted by Oscar L. Levin, M.D.

A STUDY OF THE FATALITY OF CHICKENPOX, MUMPS AND GERMAN MEASLES. Linsly R. Williams, p. 422.

A study of the original certificates of 339 deaths from these diseases in England and Wales and 381 deaths in the United States showed that all three may be serious at times but are rarely the direct cause of death.

VIRGINIA MEDICAL SEMI-MONTHLY.

(June 23, 1916, xxi, No. 6.)

Abstracted by Oscar L. Levin, M.D.

A CASE ILLUSTRATING THE FALLIBILITY OF THE PROVOCATIVE WASSERMANN REACTION AS A SIGN OF CURE. H. H. Hazen, p. 142.

A report is made of the history of a male syphilitic whose serum revealed repeated positive Wassermann and provocative Wassermann reactions and who showed no clinical evidence of the disease until three years after the appearance of the chancre, when an external strabismus suddenly developed. The Wassermann was negative for both the serum and the spinal fluid, but the latter showed an increased globulin content and a cell count of 18. Improvement followed the intravenous and intraspinal injection of salvarsan.

JOURNAL OF THE INDIANA STATE MEDICAL ASSOCIATION.

(July 15, 1916, ix, No. 7.)

Abstracted by Oscar L. Levin, M.D.

RADIUM TREATMENT OF EPITHELIOMA. Thomas C. Kennedy, p. 298.

Cures were obtained in seven cases of epithelioma of the skin and mucous membranes after the application of radium (dose not given) for periods of one to two hours, at intervals of two to ten days. In some of these cases, caustics and the X-ray had previously proven unsuccessful. The author concludes that the employment of radium in the treatment of cancer of the skin constitutes a safe, painless and efficient method, and is the treatment of choice in malignant disease of the face.

OBITUARIES.

HENRY CLAY BAUM, M.D.

Dr. Henry Clay Baum of Syracuse, New York, died on August 6 at his home. He was born in Chittenango, N. Y., on March 3rd, 1859. He was educated at St. John's Military School, Manlius, and at the University of Michigan, where he graduated with honors. He later took post-graduate courses in Vienna.

Dr. Baum held the professorship of dermatology at the College of Medicine, Syracuse University, and was consulting dermatologist to the Onandaga Orphan Asylum, dermatologist to the Syracuse Hospital for Women and Children, St. Vincent's Orphan Asylum, the House of Providence, the Syracuse Free Dispensary and St. Joseph's Hospital.

He was a member of the American Medical Association, the Medical Association of Central New York, the Syracuse Academy of Medicine and the Thursday Night Club, a private association of physicians.

For many years Dr. Baum was actively interested in the National Guard. At the outbreak of the Spanish American War he enlisted as a private in the Second Regiment, N. Y. V., although he had previously served as a commissioned officer in the Guard. He was eventually promoted to be Surgeon with the rank of Major.

In speaking editorially of the death of Dr. Baum, one of the Syracuse papers said that "He was a public spirited citizen. He was a supporter of the better things of life. Above all he was a genial, kindly, warm-hearted man, whose personality will be missed." H. F.

BERNARD WOLFF, M.D.

Dr. Bernard Wolff died in Atlanta on March 14th, following an abdominal operation. He was born in Virginia in 1868. Among some very distinguished ancestors was a great-great uncle, Patrick Henry. Dr. Wolff was educated at Hampden College, Virginia, and at the University of Virginia, where he obtained his degree of M.D., at the age of twenty. He then continued his studies at the College of Physicians and Surgeons in New York, and after a hospital service in this city, went abroad to study dermatology under Unna.

At the time of his death Dr. Wolff was clinical professor of dermatology at the Medical Department of Emory University. He was the founder of the Atlanta Genito-Urinary and Dermatological Society and had been president of the Fulton County Medical Society and Chairman of the City Board of Health.

Among Dr. Wolff's medical publications was a small text book entitled "Practical Dermatology." He had for some time been supervising editor of the *Journal-Record of Medicine*. His literary efforts were, however, not confined to medical subjects as he had written a number of short stories and poems.

One of his friends wrote of him as follows: "He was a composite of human characteristics with the gall and acid omitted, a chemical end-product of contradiction, blended into attractive form. Stated as an equation, it would be, 'Wolff—brilliant mind, amiable disposition, personal magnetism.'" H. F.

BOOK REVIEW

SYPHILIS UND NERVEN SYSTEM. Professor Dr. Max Nonne. S. Karger, Berlin, 1915.

Since the appearance of the first edition of this work in 1901, it has filled a unique place in medical literature. The observations of the author are largely personal and are based on a prolonged clinical service at the Eppendorf Hospital in Hamburg and confirmed by painstaking pathological study.

In no other medical work is it possible to obtain such a comprehensive knowledge of syphilis of the nervous system, a correct conception of which involves a review of practically the entire field of neuro-pathology. The enormous literature of the subject is also critically reviewed, and no little interest is added to the work by the concise and clear case histories of the writer.

After the first edition of 1901, a second edition was published in 1908, which incorporated the discovery of the spirochæta pallida by Schaudinn in 1905, the early development of the cytology of the spinal fluid, and the application of the Wassermann reaction in the diagnosis of syphilis of the brain and cord. Before the exact cytological methods were employed the diagnosis of these affections was based entirely on clinical experience, and only those who have been in a position to correlate and control the clinical picture with the spinal fluid findings can appreciate the enormous service which has been rendered the medical profession by the four reactions of Nonne and their proper interpretation. The present edition, published in October, 1914, is constructed on much the same lines as the ones preceding it. The author discusses fully the newer problems created by the discovery of the spirochætæ in the brain and spinal fluid by Noguchi and Moore, the positive Wassermann reactions in the spinal fluid with negative blood findings, and the necessity of using large and graduated quantities of fluid to determine the activity of the syphilitic process. These important additions to our technique are chiefly due to Nonne and his co-workers in the Hamburg School. The frequent involvement of the nervous system in the early secondary period is obtaining wider acceptance, and the study of the fluid at this time is destined to alter our older conceptions as to the late beginning of tabes and paresis. As a result of the work of numerous investigators, evidence is gradually accumulating which may show that the majority, if not all, cases of so-called late syphilis of the cerebral nervous system are really the sequelæ of the early infection of the fluid. When the profession grasps this hypothesis, the future of the syphilitic individual will

be more secure. The assurance given a patient at the end of the first or second year of treatment by a negative spinal fluid, compensates him many times for the temporary inconvenience caused by this slight procedure. Positive fluid changes during the early period may explain a persistent positive blood Wassermann or obscure symptoms, and place the practitioner in a position to prevent subsequent degenerative changes.

The anatomical changes produced by syphilis in the nervous system are classified by Nonne as: (1) New formations. (2) Chronic hyperplastic inflammation. (3) Diseases of the vessels. (4) Primary parenchymatous degenerations, formerly designated para- or metasyphilis.

The pathological alterations may exist singly but are more frequently combined, and by their location and the secondary degenerations which follow, produce the varied and changing clinical picture which so frequently confronts the practitioner.

Syphilis of the vessels is found in practically all lesions, but may be met with as an uncomplicated endarteritis of the Heubner type, with resulting hemiplegias or monoplegias. In exceptional cases hemiplegia has been noted by the author as early as seven months after the infection, and by other observers after two months.

Generalized arterio-sclerosis in infected individuals is occasionally met with before the age at which the usual type develops. It is apparently precipitated by the luetic process, but yields slowly, if at all, to specific remedies. The usual prodromal symptoms, as headache, vertigo, loss of memory, irritability, and sleeplessness, are common to both types.

The four reactions in the spinal fluid may be absent and even the blood Wassermann reaction negative or only developed by provocative medication. Syphilitic cerebral endarteritis of light grade may, therefore, be exceedingly difficult to diagnose and be revealed only by the most careful investigation, which should include the eye grounds.

The author discusses at length the symptomatology, diagnosis and prognosis of syphilis of the convexity and base of the brain, including the psychoses and neuroses which may be met with. He considers fully the relationship of the infection to tabes and paresis, and writes in a most instructive manner regarding the significance of the pupillary changes and reactions.

The Argyll-Robertson pupils may occur as an isolated phenomenon with normal blood and fluid, and then, in the absence of a history of severe chronic alcoholism it points to rudimentary or cured tabes. Slight pupillary anomalies, which develop during the first year of the infection, may disappear, and even in tabes such observations have been made by the author and others. Immobility to both light and accommodation is more frequent in cerebrospinal syphilis than in tabes or paresis.

Several chapters are devoted to syphilis of the cord and its membranes, the peripheral nerves, and a very instructive one to congenital lues and the nervous system. The work concludes with a consideration of the various therapeutic pro-

cedures and the results which may be obtained from their use. When the work was written the author was employing neo-salvarsan dissolved in spinal fluid, subdurally. His experience then was too limited to permit an expression as to its value.

During the past two years the intraspinal method has been largely employed in this country, with definite curative results in cerebrospinal syphilis and tabes, but with only temporary arrest of the pathological process in paresis. In spite of its limitations, it is an exceedingly important addition to our therapeutic armamentarium and will occupy a permanent position in our curative measures in this serious class of affections.

Nonne's book is indispensable to the student of syphilis and neurology and cannot be too highly commended. It is scientific, practical and based on prolonged experience and conscientious endeavor to discover and elucidate the truth. J. A. F.

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